

**Continuing Professional Competencies Program  
Application for Approval of  
Professional Development Hours**



MEMBER INFORMATION	
Name:	Certificate No:
Mailing Address:	
City:	
Country:	Postal Code:
Email:	
Tel:	Fax:
<b>COMMENTS (Description of the Course/Event, Total Number of Hours, Provider) Please give details and dates, attaching additional sheets as necessary.</b>	

<b>COMMENTS (How does the course/event assist you in your current position?) Please give details and dates, attaching additional sheets as necessary.</b>

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This request to have PDH's accepted has been reviewed by CoPE and has been**

- Approved**
- Not Approved**

CoPE Representative \_\_\_\_\_ Date \_\_\_\_\_

*CoPE shall keep all information provided on this application in confidence.*