



CANADIAN BOARD FOR CERTIFICATION OF PROSTHETISTS AND ORTHOTISTS

CONSEIL CANADIEN DE LA CERTIFICATION DES PROTHÉSISTES ET ORTHÉSISTES

Application for CBCPO
Mandatory Continuing Education (MCE's)
Program Approval

Instructions:

1. Applications must be typewritten.
2. Applications must include the following documentation and processing fee of \$50.00 plus applicable tax (GST/HST).
 - A sample copy of the program which indicates the time frames of each presentation, speaker for each presentation, speaker credentials, and subject matter or title of each presentation;
 - The program requirement form summarizing each of the six program requirements (needs identification, learning, outcomes, speaker qualifications, program methodology, assessment of learning outcomes, and sponsor program evaluation).
 - If you are interested in applying for CAPO advertising program, please contact CAPO head office once the MCE's have been assigned.
 - Forward completed application to:

CBCPO Head Office,
605- 294 Portage Avenue
Winnipeg, Manitoba, R3C 0B9
Canada

Application for CBCPO
Mandatory Continuing Education
Program Requirement Form

Sponsor _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name/Title of Educational Activity: _____

Type of Educational Activity (please check as applicable)

Lecture Demonstration Labs

Other (please specify): _____

Number of MCE's requested (optional): _____

Date(s) of Activity _____

Facility and Location of Activity: _____

I have read the Policies and Procedures for Sponsors of Continuing Education Programs publication for approval of continuing education. The required documentation and application fee is enclosed. I understand that an incomplete application will cause delay in processing. I understand that an application submitted without the processing fee will not be processed.

Signature

Date

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For CBCPO Office Use Only:
Date Received _____:
Sent to Committee (date) _____
(name) _____
Action Taken _____

Name/Title of Program: _____

Sponsor: _____

Location and Date: _____

Needs Identification: _____

Learning Outcomes: _____

Speaker Qualifications: _____

Program Methodology: _____

Assessment of Learning Outcomes and Satisfactory Completion: _____

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Sponsor Program Evaluation: _____

