



Request for Approval of Continuing Education For Employer/Organizations

Please submit all of each of the following:

- Agenda AND Program to include a brief description of each presentation and the time allocated for each presentation as well as, lunch and break(s)
- RRP® Approved Focus/Content Area
- Profile of each speaker/presenter

Identification of Applicant

Name: _____

Employer: _____

Address: _____

Tel (w): _____ Tel (h): _____

Fax: _____ Email: _____

Information Related to the Educational Session

Title of the Educational Session: _____
(Please note: one form per education session required)

Sponsor for the Educational Session: _____

Date(s) of the Educational Session: _____

Will this session be offered continuously? Yes No

Is the site where the session is held accessible for all attendees? Yes No

Educational Category

- | | |
|---|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Educational Presentation at Worksite |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Distance Learning |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Home Study/Internet Courses |
| <input type="checkbox"/> Symposium | <input type="checkbox"/> College Course |
| <input type="checkbox"/> On-line / Correspondence | <input type="checkbox"/> University Course |

Number of continuing education units requested: _____ **Focus Area:** _____
(Select 1 best fit)

Identify the Purpose of the Educational Session

- Professional programs related to the RRP Focus/Content Areas.
- Knowledge and skill enhancement to guide professional practice.
- Remain current with evolving trends and technologies in rehabilitation and related disciplines.
- Further enhance the integrity of the rehabilitation process.
- Develop and maintain high standards for rehabilitation professionals in Canada.

Comments: _____

- To the best of my knowledge, the information provided above is correct.

Current Job Title: _____

Date: _____

******* FOR VRA Canada NATIONAL OFFICE ONLY *******

Is applicant a VRA Canada Member: Yes No

Date Received at the VRA Canada Office: _____

Date Sent to Reviewer: _____

Approved Denied **Reason:** _____

VRA Approval Number Assigned: _____

Number of Hours Approved: _____

Focus/Content Area: **RRP Focus/Content Area:** _____

Ethics: _____

Skill Enhancement: _____