**Accreditation Application – Additional Events**

This form is to be submitted by accredited providers during their current approved term. Please note that all accreditation terms and conditions of your original application (dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**) remain applicable for all events submitted in this form.

**Approval**

* Applicants that are approved will be informed by email and sent an invoice as per the payment terms outlined.
* After payment of the accreditation fee, applicants that are approved will receive an electronic copy with an Event Identification Number for each approved event submitted.
* Approval process may take up to 3 weeks.

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| **Fee Matrix** | |
| **Total Number of Instructional Hours for All Events Approved** | **Annual Fee** |
| Up to 20 instructional hours | $350 |
| 21 – 30 instructional hours | $500 |
| 31 – 40 instructional hours | $750 |
| 41 – 50 instructional hours | $1,000 |
| Every additional 50 hours | $500 |

In addition to completing the requested information in the form that follows, please submit the following attachment:

* Appendix A – For each event, the event title and brief description, specific learning objectives (bullets preferred), instructor name and qualifications, and duration (a marketing catalog, compiled event postings, or course curriculum/courseware materials can be submitted).

**To submit your application:**

* Please submit your completed application via email.

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| **Email:** [pd@cphrbc.ca](mailto:pd@cphrbc.ca)  **Subject line Should Include:** Accreditation Application – Additional Events |

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| **Applicant Information:** | | | | | | |
| Company Name | | |  | | | Date |
|  | | | | |  |  |
| Contact Person | | | | |  | Title |
|  | | | | |  |  |
| Contact Phone Number | | |  | Email | | |
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I confirm that the event(s) submitted in this form have met the following criteria as described and approved in the original application dated **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Check the appropriate answer for each criterion. If your answer is “No”, please enclose an Appendix B detailing the processes and/or system used for the event(s).

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|  | **Yes** |  | **No** |
| **Needs assessment information** - Strategy and target audience consulted |  |  |  |
| **Speaker screening & selection** - Eligibility and the process used to screen speakers |  |  |  |
| **Feedback for speakers** – The formal processes used to evaluate and provide feedback to speakers |  |  |  |
| **Registration tracking system** – The process of CPHR’s being informed of the number of CPD Hours that they have achieved, and the formal system you will use to track attendance. |  |  |  |
| **Evaluation** - the formal processes used to evaluate course content. |  |  |  |

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| Below, list the following: Program name, event name, along with the HR Competency (see [the website](http://www.chrp.ca/?page=CPHR_competency) for list), number of days of instruction, number of instruction hours each day (excluding registration, networking breaks, etc.), and the standard fee for the event (excluding specialty and discount pricing). There is also a space called "notes" for any additional information that you feel is important. Leave "notes" blank if it does not apply.  Program name is only required if the event is part of a program (e.g., Certificate in HR Management, HR Breakfast Seminar Series, etc.). Please copy this page if additional room is required. Self paced / self directed / distance education programs are eligible for credits equivalent to the minimum number of hours required to complete the event work. | | | | | | | | | | | | |
| Program Name *(if event is part of a program)* |  | Event Name |  | HR Comp. |  | # Days of  Instruction |  | Instruction Hrs per Day |  | Standard Fee |  | Notes |
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| Program Name *(if event is part of a program)* |  | Event Name |  | HR Comp. |  | # Days |  | Instruction Hrs per Day |  | Standard Fee |  | Notes |
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| Program Name *(if event is part of a program)* |  | Event Name |  | HR Comp. |  | # Days |  | Instruction Hrs per Day |  | Standard Fee |  | Notes |
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| Program Name *(if event is part of a program)* |  | Event Name |  | HR Comp. |  | # Days |  | Instruction Hrs per Day |  | Standard Fee |  | Notes |
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| **Appendix A - Event Details** | | |
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| For each event, please provide:   * Event title * Brief description * Specific learning objectives (bullets preferred) * Instructor name and qualifications * Agenda, if applicable (a marketing catalog, compiled event postings, or course curriculum/courseware materials can be submitted). | | |
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