

## COMPANY CONTACT:

Company Name

Date

Company Address

City

Province

Postal Code

Contact Person

Title

Contact Phone Number

Email

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## COMPANY & CONTINUING EDUCATION GENERAL INFORMATION:

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

- 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).
- Appendix B – A copy of your written policy on participant privacy and record retention.
- Appendix C – A copy of letters of recommendations from 3 references (see References section for details).

Number of years your organization has been offering HR-related continuing education:

Number of HR continuing education events offered in the past 12 months:

Number of HR continuing education events offered in the next 12 months:

Are your HR continuing education events currently receiving professional or academic credits from any other agencies? No  Yes

If you answered Yes above, list agencies:

# HR Professional Development



Below, list the following: Program name, event name, along with the HR Competency (please see [CPHR Competency Framework](#)), 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.

Date	Program Name <i>(if event is part of a program)</i>	Event Name	HR Comp.	# Days of Instruction	Instruction Hrs per Day	Standard Fee	Notes

## NEEDS ASSESSMENT INFORMATION:

Strategy (e.g., focus group, survey, etc.)

Target Audience Consulted

Completed  
(mm/yy)




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## SPEAKER SCREENING & SELECTION:

Speakers (or lead speakers) for each session applied for have a minimum 5 years experience in their topic area?

No

Yes

Outline the core criteria that speakers **MUST** meet to be eligible to speak in your continuing education events. **Please use bullets.** (e.g., education experience, speaking experience, years of practice, etc.).

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Describe the process used to identify and screen speakers to determine their competency in the subject matter, they understand the learning event's purpose and outcomes, and they have knowledge and skills in instructional methods and learning processes. **Please use bullets.** (e.g., reference checks, observations of other speaking events, etc.)

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Describe the formal processes used to evaluate and provide feedback to speakers. **If you do not have a formal process, you are not eligible to apply for pre-approved CPD hours.**

Strategy (e.g., focus group feedback, survey, etc.)

How often?



## REGISTRATION TRACKING:

CPHR's only obtain credits for hours of instructional time attended. Please describe the formal system you will use to track attendance. **If you do not have a formal system in place, you are not eligible to apply for pre-approved CPD hours.**

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How will CPHR's be informed of the number of CPD hours that they have achieved? (e.g., certificate, email, etc.)

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Privacy Officer Contact

Title

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Contact Phone Number

Email

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## GENERAL EVENT DETAILS:

Event formats used for events submitted:

In-person series (multi-day)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
In-person workshop (half day)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
In-person workshop (full day)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Breakfast or lunch seminars	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Webinars/eLearning/On-Demand Courses	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Combined in-person / online format	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Are all events disability accessible?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

## Evaluation:

Describe the formal processes used to evaluate course content. **If you do not have a formal process, you are not eligible to apply for pre-approved status.**

Strategy (e.g., focus group feedback, survey, etc.)


How often?


How often is course content updated?:

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Please provide a summary of overall results and feedback for your HR-related continuing education events conducted in last year below, or attach the information (one page maximum) as Appendix D. Indicate that the attachment exists in the box below. Both quantitative and qualitative feedback are suggested.

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## **REFERENCES:**

You must have 3 reference letters included as Appendix C of your submission. The following minimum criteria are required of these letters:

- One letter must be from a speaker / instructor / facilitator who has facilitated one of your submitted events in the last calendar year. This letter should address the organization's instructional approach and requirements, and anecdotal feedback regarding how the content was received.
- One letter must be from a participant who completed one of the professional development events you have submitted for approval in the past year. This letter should address the organization's instructional approach, quality of content, and ability to apply learnings in the undertaking of HR activities.
- The sender of the third letter is left to your discretion.
- Each letter must include the name and contact details of the person submitting. They must be open to being contacted during the application review process in the event that there are any questions related to their letter.

# HR Professional Development



## PAYMENT OPTIONS:

I authorize the Chartered Professionals in Human Resources of BC & Yukon to charge a non-refundable processing fee of:

\$75 + \$3.75 GST for up to 5 events

\$250 + \$12.50 GST for more than 5 events

to my:  VISA

MASTERCARD

AMERICAN EXPRESS

Credit card number

Expiry date

Name of card holder

Signature

I agree with the above charges. I understand that this fee is non-refundable. In the event that my credit card is declined for any reason, I understand I will be charged an additional processing fee of \$30.00. Please charge by credit card the total processing fee indicated above.

If approved, payment annually will be made:

For one year only

Each year for a maximum of three years

An invoice will be issued at the time of approval. Payment will be due within 30 days of invoice receipt. Invoices will be sent to the contact and address identified in the Company Contact section of this form.

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## SUBMITTING YOUR PACKAGE:

Completed packages should be sent to the attention of the Professional Development Coordinator. Email your completed application package to the Professional Development Coordinator at [pd@cphrbc.ca](mailto:pd@cphrbc.ca) or mail to:

1101 – 1111 W. Hastings St.  
Vancouver, BC V6E 2J3

Please submit all materials via a single method (e.g., please do not email part of the package and mail supporting documentation).

## **PAYMENT CONFIRMATION:**

After you have submitted your completed form and appendices you will receive an email confirming receipt. If you do not receive an email confirming receipt of your package, please contact the Professional Development coordinator [pd@cphrbc.ca](mailto:pd@cphrbc.ca) or by phone at 604.684.7228 or 800.665.1961.

Processing of packages will take up to 4 weeks from the date of confirmed receipt of your package. Following review of your package, you will be informed by email of approval or denial of your application.

### **Approval**

- Applicants that are approved will receive an electronic copy of the CPHR BC & Yukon Endorsed Seal and a program Identification Number for each approved event submitted.
- Approved providers may use the Endorsed Seal for three years in accordance with the terms outlined.

### **Denial**

- Applicants that are not approved will be informed via email. This email will include a brief description of why the application was denied.
- Applicants that are not approved will not be refunded the processing fee.
- The organization may submit a new application after a minimum of six months following the denial.