

COMPANY CONTACT:		
Company Name		Date
Company Address	City	Province Postal Code
Contact Person		Title
Contact Phone Number	Email	
COMPANY & CONTINUING EDUCATION GIVEN In addition to completing the requested information in the attachments: • Appendix A – For each event, the event title and brief preferred), instructor name and qualifications, and opostings, or course curriculum/courseware materials. • Appendix B – A copy of your written policy on particip. • Appendix C – A copy of letters of recommendations details). • Appendix D - A summary of overall results and feedbook events conducted in last year. Number of years your organization has been offering	form that follow description, spe duration (a man can be submitted pant privacy and from 3 referen ack for your HR	ecific learning objectives (bullets rketing catalog, compiled evented). d record retention. loces (see References section for experience).
education:	nk-related Col	itinuing
Number of HR continuing education events offered in the pas	t 12 months:	
Number of HR continuing education events offered in the <u>nex</u>	t 12 months:	
Are your HR continuing education events currently receivi academic credits from any other agencies?	ng professional	I or No Yes
If you answered Yes above, list agencies:		



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 attach a separate 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.

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NEEDS ASSESSMENT INFORMATION: Completed Strategy (e.g., focus group, survey, etc.) Target Audience Consulted (mm/yy) **SPEAKER SCREENING & SELECTION:** Speakers (or lead speakers) for each session applied for have a minimum 5 years experience No Yes in their topic area? 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.). 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.)



Describe the formal processes used to evaluate and p formal process, you are not eligible to apply for p			f you do not have a
Strategy (e.g., focus group feedback, survey, etc.)			How often?
REGISTRATION TRACKING:			
CPHR's only obtain credits for hours of instructional tir will use to track attendance. If you do not have a apply for pre-approved CPD hours.			
How will CPHR's be informed of the number of CPD houetc.)	urs that they have	e achieved? (e	.g., certificate, email,
Privacy Officer Contact		Γitle	
Contact Phone Number	Email		



GENERAL EVENT DETAILS:

Event formats used for events submitted:			
In-person series (multi-day)	No	Yes	
In-person workshop (half day)	No	Yes	
In-person workshop (full day)	No	Yes	
Breakfast or lunch seminars	No	Yes	
Webinars/eLearning/On-Demand Courses	No	Yes	
Combined in-person / online format	No	Yes	
Are all events disability accessible?	No	Yes	
Evaluation:			
Describe the formal processes used to ev you are not eligible to apply for pre-a		nt. If you do not h	ave a formal process,
Strategy (e.g., focus group feedback, surv	vey, etc.)		How often?
How often is course content updated?:			



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.

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.



PAYMENT OPTIONS:

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

\$75 + GST for up to 5 events \$250 + GST for more than 5 events

to my: VISA MASTERCARD AMERICAN EXPRESS

Credit card number

Expiry date CVV

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 For one year

annually will be made: 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.

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.