

APPENDIX C

**APPLICATION FOR PROVIDERS FOR THE ACCREDITATION OF CONTINUING
EDUCATION ACTIVITIES**

You can submit this form by mail, fax or email. If your activity or course information is available or must be viewed on line, please consider sending this form electronically and providing direct a direct link to the information.

Mailing Address:
Opticians of Manitoba
215-1080 Portage Avenue
Winnipeg, MB R3G 3M3

Email:opticians.ca
Phone: (204) 222 - 8404
Fax: (204) 222 - 5296

PROVIDER CONTACT INFORMATION:

Host/ Affiliated Company/Sponsor: _____

Name and Title of Organization Contact:_____

E-Mail: _____

Phone:_____

Fax:_____

NAME AND TYPE OF EDUCATIONAL ACTIVITY/ES :

- | | |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |

HOW TO COMPLETE THIS FORM

Complete pages 9-12 for each activity that you wish to be accredited. Please provide the following information:

- Answers to questions 1-15 on pages 11 and 12
- Copy of course materials /content for the activity (e.g. course outline, power point slides, handouts)
- List of any equipment used for the activity e.g.
- Copy of the post test required for distance learning courses
- Copy of any test or questionnaire to be completed by registrants before or after the activity.

- Presenter’s biography, curriculum vitae or credentials and education
- Copy of any evaluation form registrants will be asked to complete for an activity
- The outline for the activity
- Copy of the form to be used for verification of a registrant’s attendance
- Payment according to following chart (**please check off the category**) :

Form submitted days prior to scheduled event	Cost per course	Check Category selected
30 days prior	\$75.00 plus GST	
15-30 days prior	\$85.00 plus GST	
RUSH 15 or less days prior	\$150.00 plus GST	
Reaccreditation course/activity code #	\$50.00 plus GST	

PAYMENT INFORMATION

Total Payment Due \$ _____

Method of payment: VISA Certified cheque (payable to the Opticians of Manitoba)

MC Money Order (payable to the Opticians of Manitoba)

I authorize the payment of \$ _____ (total payment authorized)

Name on credit card: _____

Card Number: _____ Expiry date: _____ / _____ CVV _____

Card Signature: _____

Signature: _____ **Date:** _____

APPLICATION FOR CONTINUING EDUCATION COURSE/ACTIVITY ACCREDITATION

(please provide as much detailed information as possible)

Date form completed: _____

1. Exact title of the presentation/ activity: _____

2. Subject: _____

3. Type of activity and materials :

Live presentation Distance learning/online Educational course Other

Powerpoint Slides Hand outs/Lecture notes Questionnaire Webinar

4. Date (s) of activity: _____

5. Location(s) of activity/presentation

Online Other _____

6. Length of time of the activity/presentation or word count if applicable _____

7.a) Name and Title of Presenter/Teacher(enclose Bio. or CV, spec. professional distinguished affiliation, education)

b.) Sponsor/Company/Provider of Activity _____

8. Learning Outcomes (specific skills, activities or items of information participants will be expected to use in their professional duties- can be submitted in a separate document) _____

9. List of National Competencies covered within this educational activity (can be submitted in a separate document) _____

10. Is this activity available to all opticians ? If no why? _____

11. Level of knowledge or skill required to best benefit participants (entry level, intermediate, advanced), any prerequisites _____

12. If a workshop ,what is the ratio of attendee to work station ? _____

13. Will registrants be tested? If yes what testing format will be used?

14. Will there be an activity evaluation to be completed by registrants? _____
If yes what format will be used ? _____

15. Verification of Attendance - If you do not have a form that you will give registrants upon completion of the activity to verify their attendance/participation please explain how you will verify a registrant's attendance. _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE QUALITY ASSURANCE COMMITTEE UPON COMPLETION OF THE REVIEW OF EACH ACTIVITY SUBMITTED FOR ACCREDITATION

Continuing Education Category _____

Credits Awarded _____

Approved by and date _____

All documents provided _____

Activity audit performed date and by whom _____

Course number assigned _____