

## SPRA Continuing Education Credits Upcoming Courses Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ PC: \_\_\_\_\_

### Course/Registration Information

Course Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

Course Location: \_\_\_\_\_ Cost: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Educational Hours: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### ***Application will only be reviewed upon receiving copies of:***

\_\_\_\_ Detailed course description and outline/agenda - including breakdown of hours

\_\_\_\_ Learning objectives

\_\_\_\_ Hours related to organization administrative process or guidelines are not applicable

\_\_\_\_ List of materials to be used or given to participants

### **Courses Not Accepted:**

- Personal Training Certifications
- Practicums, internships, mentoring and teaching hours
- CPR and/or First Aid Instructor certifying courses

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