



Request for Approval of Continuing Education Credits (CECs) Application Form

Please complete and return this form to SPRA. This information will be used to track courses and for course promotion. If you have any questions, please call us at 1-800-563-2555 or email fitness@spra.sk.ca.

Contact Information

Host Organization: _____

Contact Person: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Module Information

Course Title: _____

Course Date: _____ Exam Date: _____

Course Location: _____

Cost of Module (per participant): _____

Contact Number or Email to Register: _____

Start Date: _____ End Date: _____ Total Educational Hours: _____

Website: _____

Please attach the following items with the application form:

- ____ 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 for CECs :

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