



Request for Pre-Approval of Continuing Education

Please submit all of each of the following:

- Agenda AND Program to include a brief description of each presentation and the time allocated for each presentation as well as, lunch and break(s)
- RRP® Approved Focus/Content Area
- Profile of each speaker/presenter

Name: _____ Employer: _____

Address: _____

Tel: (B) _____ Tel: (H) _____

Fax: _____ E-mail: _____

Information Related to the Educational Session

Title of the Educational Session: _____

Sponsor for the Educational Session: _____

Date(s) of the Educational Session: _____

Is the site where the session is held accessible for all attendees? Yes No

Educational Category

- | | |
|---|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Educational Presentation at Worksite |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Distance Learning |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Home Study/Internet Courses |
| <input type="checkbox"/> Symposium | <input type="checkbox"/> College Course |
| <input type="checkbox"/> On-line / Correspondence | <input type="checkbox"/> University Course |

Number of continuing education units requested: _____ **Focus Area:** _____
(Select 1 best fit)

Signature: _____

Current Job Title: _____

Date: _____

Method of Payment

Fees are \$50 for the first approval in the calendar year and \$5.00 for each subsequent approval; Add GST or HST depending on the province where the course will be presented (5% GST AB, SK, MB, QC, PE; 12% HST BC, or 13% HST ON, NB, NS, NL)

Please make cheques or money orders payable to **“VRA Canada Inc.”**
4 Cataraqui Street, Suite 310, Kingston, ON K7K 1Z7

Cheque **Card #:** _____ **Exp.** _____

Master Card

Visa **Signature:** _____