



# Continuing Education Accreditation Form

**Please complete one form for each continuing education activity**

Date: \_\_\_\_\_

Required attachments:

- Presenter's [biographical information](#) or curriculum vitae of presenters
- All supporting course materials (e.g.: course outline, powerpoint)
- Test (for distance learning)

420 - 2025 West Broadway  
 Vancouver, BC V6J 1Z6  
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## Processing Fees

•Application at least 30 days prior to the scheduled event: No processing fee

•Application between 15 to 30 days prior to the scheduled event: \$15 per activity

•Application less than 15 days prior to the scheduled event: \$50 per activity

Contact Information	
Name & Title	First and Last Name, Title
Phone	(     )
Fax	(     )
Email	
Address	Address. City, Province, Postal Code

Continuing Education Activity Information	
Course Title	
Presenter(s)	First and Last Name
Sponsor	
Course Date(s)	MM/DD/YYYY
Location Address	Address. City, Province, Postal Code
Course Length	Less than 50 minutes of presentation time will not be accredited
Delivery Format (e.g.: Live presentative, distance delivery)	Please specify
Level of Presentation	Basic, Intermediate, Advanced
Prerequisites	If any
Learning Objective(s)	
Will attendees be tested?	Yes/No (If yes, please attach a copy)

**Please submit the Continuing Education Accreditation form and required attachments to the College by mail, email or fax.**