



# Course Provider Application

## CONTACT INFORMATION

Name of organization: \_\_\_\_\_

Name of applicant(s): \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

## COURSE INFORMATION

Name of course: \_\_\_\_\_

Proposed date(s) and location(s) of training: \_\_\_\_\_

Total hours of training (excluding lunch and breaks): \_\_\_\_\_

Please provide detailed information on the following, in the order listed: (\* If this information is not provided, application will be returned to provider).

1. Proposed course content
  - Program content - provide a detailed breakdown of time spent of each part of the program (lesson plan).
  - Learning outcomes - list outcomes in behavioral/measurable terms (which are attainable, can be evaluated, and relate to the scope of practice).
2. Presenter list and biography
  - Presenter's specific qualifications for teaching this course, including theoretical background.
  - List presenters for each topic/content area.
  - Include work experience in chronological order, summary of qualifications and professional memberships, for each presenter.
3. Teaching strategies
  - List strategies / methods used.

**Please note\*\*\* all programs offered to our members must have a receipt of payment and certificate of completion for each member to retain approved provider status.**

Please submit copies of all documentation to the address below and allow 3-4 weeks for the completion of the application process.

*MTWPAM  
1791 Barrington Street,  
TD Building Suite 300, Halifax, NS B3J 3K9  
ATTENTION: MTWPAM CONTINUING EDUCATION*

OFFICE USE ONLY

Date received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Not approved \_\_\_\_\_ Primary credits: \_\_\_\_\_ Secondary credits: \_\_\_\_\_