



## Prescribed Professional Learning – Course Approval Form

Each time a prescribed professional learning course is offered to a member, it must be pre-approved by the Registrar. Please submit one form per course.

### COURSE PRACTITIONER INFORMATION

FIRST NAME  
ORGANIZATION (IF APPLICABLE)  
EMAIL

LAST NAME  
TELEPHONE

### MEMBER INFORMATION

FIRST NAME  
REGISTRATION NUMBER

LAST NAME

### COURSE INFORMATION

#### TYPE OF COURSE TO BE OFFERED:

CLASSROOM MANAGEMENT      PROFESSIONAL BOUNDARIES      OTHER  
ETHICAL PRACTICE      EFFECTIVE SUPERVISION

COURSE NAME (IF APPLICABLE)

DATE      LENGTH (HOURS)

#### DELIVERY METHOD:

INPERSON      ONLINE      BLENDED      OTHER

HAS THE COURSE BEEN PREVIOUSLY DELIVERED TO ANOTHER MEMBER?      YES      NO

## COURSE OUTLINE

Describe how the course content will be tailored or adapted to address areas of the member's performance requiring remediation as identified in the document(s) resulting from the committee proceedings (see Page 2 of the Course Practitioner Resource for more information). Please attach information about proposed methods of instructional practice, expected outcomes, assessment and evaluation, and resources.

## COURSE PRACTITIONER CHECKLIST

**Please ensure the following is attached to this form:**

**Current** curriculum vitae of each person instructing or assisting in the delivery of the course

## COURSE PRACTITIONER ATTESTATION

I have reviewed the committee decision, reasons and related documentation.      YES      NO

The course has been tailored to the issue(s) giving rise to the complaint.      YES      NO

By clicking this box, you confirm that the information provided in this form and supporting documentation is true.

Name of Course Practitioner:

DATE

## SUBMISSION INFORMATION

Please email the completed form with attachments to [ppl@oct.ca](mailto:ppl@oct.ca). Questions can be directed to 437-880-3506.