



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:

Last Name:

Organization (if applicable):

Email:

Phone No:

Member Information

First Name:

Last Name:

Registration No:

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:

In person

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
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The course has been tailored to the issue(s) giving rise to the complaint.	Yes	No
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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. Questions can be directed to 416-961-8800 ext. 855 or 1-888-534-2222, ext. 855 (toll-free in Ontario).