HR Professional Development

CPHR British Columbia & Yukon

COMPANY CONTACT:

Company Name

Date

Company Address

City

Province

Postal Code

Contact Person

Title

Contact Phone Number

Email

COMPANY & CONTINUING EDUCATION GENERAL INFORMATION:

In addition to completing the requested information in the form that follows, please submit the following attachments:

- Appendix A – For each event, the event title and brief description, specific learning objectives (bullets preferred), instructor name and qualifications, and duration (a marketing catalog, compiled event postings, or course curriculum/courseware materials can be submitted).
- Appendix B – A copy of your written policy on participant privacy and record retention.
- Appendix C – A copy of letters of recommendations from 3 references (see References section for details).
- Appendix D - A summary of overall results and feedback for your HR-related continuing education events conducted in last year.

Number of years your organization has been offering HR-related continuing education:

Number of HR continuing education events offered in the past 12 months:

Number of HR continuing education events offered in the next 12 months:

Are your HR continuing education events currently receiving professional or academic credits from any other agencies? No Yes

If you answered Yes above, list agencies:

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Below, list the following: Program name, event name, along with the HR Competency (please see CPHR Competency Framework), number of days of instruction, number of instruction hours each day (excluding registration, networking breaks, etc.), and the standard fee for the event (excluding specialty and discount pricing). There is also a space called "notes" for any additional information that you feel is important. Leave "notes" blank if it does not apply. Program name is only required if the event is part of a program (e.g., Certificate in HR Management, HR Breakfast Seminar Series, etc.).

Please attach a separate page if additional room is required. Self paced / self directed / distance education programs are eligible for credits equivalent to the minimum number of hours required to complete the event work.

Date	Program Name *(if event is part of a program)*	Event Name	HR Comp.	# Days of Instruction	Instruction Hrs per Day	Standard Fee	Notes

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NEEDS ASSESSMENT INFORMATION:

Strategy (e.g., focus group, survey, etc.)	Target Audience Consulted	Completed (mm/yy)

SPEAKER SCREENING & SELECTION:

Speakers (or lead speakers) for each session applied for have a minimum 5 years experience in their topic area? No ☐ Yes ☐

Outline the core criteria that speakers MUST meet to be eligible to speak in your continuing education events. **Please use bullets.** (e.g., education experience, speaking experience, years of practice, etc.).

Describe the process used to identify and screen speakers to determine their competency in the subject matter, they understand the learning event's purpose and outcomes, and they have knowledge and skills in instructional methods and learning processes. **Please use bullets.** (e.g., reference checks, observations of other speaking events, etc.)

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Describe the formal processes used to evaluate and provide feedback to speakers. **If you do not have a formal process, you are not eligible to apply for pre-approved CPD hours.**

Strategy (e.g., focus group feedback, survey, etc.)	How often?

REGISTRATION TRACKING:

CPHR's only obtain credits for hours of instructional time attended. Please describe the formal system you will use to track attendance. **If you do not have a formal system in place, you are not eligible to apply for pre-approved CPD hours.**

How will CPHR's be informed of the number of CPD hours that they have achieved? (e.g., certificate, email, etc.)

Privacy Officer Contact

Title

Contact Phone Number

Email

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GENERAL EVENT DETAILS:

Event formats used for events submitted:

In-person series (multi-day)	No ☐	Yes ☐
In-person workshop (half day)	No ☐	Yes ☐
In-person workshop (full day)	No ☐	Yes ☐
Breakfast or lunch seminars	No ☐	Yes ☐
Webinars/eLearning/On-Demand Courses	No ☐	Yes ☐
Combined in-person / online format	No ☐	Yes ☐
Are all events disability accessible?	No ☐	Yes ☐

Evaluation:

Describe the formal processes used to evaluate course content. **If you do not have a formal process, you are not eligible to apply for pre-approved status.**

Strategy (e.g., focus group feedback, survey, etc.)	How often?

How often is course content updated?: ☐

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Please provide a summary of overall results and feedback for your HR-related continuing education events conducted in last year below, or attach the information (one page maximum) as Appendix D. Indicate that the attachment exists in the box below. Both quantitative and qualitative feedback are suggested.

REFERENCES:

You must have 3 reference letters included as Appendix C of your submission. The following minimum criteria are required of these letters:

- One letter must be from a speaker / instructor / facilitator who has facilitated one of your submitted events in the last calendar year. This letter should address the organization's instructional approach and requirements, and anecdotal feedback regarding how the content was received.
- One letter must be from a participant who completed one of the professional development events you have submitted for approval in the past year. This letter should address the organization's instructional approach, quality of content, and ability to apply learnings in the undertaking of HR activities.
- The sender of the third letter is left to your discretion.
- Each letter must include the name and contact details of the person submitting. They must be open to being contacted during the application review process in the event that there are any questions related to their letter.

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PAYMENT OPTIONS:

I authorize the Chartered Professionals in Human Resources of BC & Yukon to charge a non-refundable processing fee of:

☐ $75 + GST for up to 5 events ☐ $250 + GST for more than 5 events

to my: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit card number

Expiry date CVV

Name of card holder Signature

I agree with the above charges. I understand that this fee is non-refundable. In the event that my credit card is declined for any reason, I understand I will be charged an additional processing fee of $30.00. Please charge by credit card the total processing fee indicated above.

If approved, payment annually will be made: ☐ For one year only ☐ Each year for a maximum of three years

An invoice will be issued at the time of approval. Payment will be due within 30 days of invoice receipt. Invoices will be sent to the contact and address identified in the Company Contact section of this form.

SUBMITTING YOUR PACKAGE:

Completed packages should be sent to the attention of the Professional Development Coordinator. Email your completed application package to the Professional Development Coordinator at pd@cphrbc.ca.

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