



## REQUEST FOR CONTINUING EDUCATION ACTIVITY ACCREDITATION APPLICATION FORM

1.	Host/Affiliated Company/Sponsor	
2.	Exact title of submission	
3.	Name and title of speaker(s), <i>(please enclose a bio or CV specifying professional designation, education and affiliation)</i>	
4.	Date(s)	
5.	Type of activity. Please list all that apply. <i>(Live presentation, Webinar, Distance learning, Scholastic)</i>	
6.	Length of time of actual presentation or word count if applicable	
7.	Location(s) of presentation	
8.	Is this submission available to all Opticians? <i>(not applicable if submitting for presentation in British Columbia)</i>	
9.	Learning outcomes <i>(specific skills, activities or items of information which course attendees will be expected to incorporate into their professional duties)</i> Can be submitted within an accompanying document	
10.	List of the National Continuing Competencies covered within this submission. Can be submitted within an accompanying document	
11.	Level of knowledge and skill required for best benefits to participants <i>(i.e. entry-level / intermediate / advanced)</i>	
12.	Name and title of person submitting this form	
13.	Signature	
14.	Contact information: email & telephone	
15.	Please indicate review type <b>Activity Review (\$75.00 plus GST or HST) Activity Reaccreditation (\$50.00 plus GST or HST) – submitted 45 days prior to scheduled event</b> <u>or</u> <b>Activity Rush Review (\$150.00 plus GST or HST) – submitted less than 45 days prior to scheduled event)</b>	<b>For Reaccreditation Please Indicate NACOR Course #</b>
16.	Payment method <i>(credit card – Mastercard or Visa - , certified cheque, cheque, money order)</i> <b>Credit Card Authorization Form is on next page.</b>	

NB: Biographies of speakers & copies of all handouts / slides, etc. must be included with your submission.  
Send your submission to:

NACOR  
2709 – 83 Garry Street  
Winnipeg, MB  
R3C 4J9

Or, email the completed form and the entire submission to:

general@nacor.ca

# VISA OR MASTERCARD AUTHORIZATION FORM (REQUEST FOR PAYMENT)

FULL NAME:									
SERVICE REQUESTED:									
<input type="checkbox"/> Activity Review \$75.00 (plus gst/hst) <input type="checkbox"/> Activity Reaccreditation \$50.00 (plus gst/hst) <input type="checkbox"/> Activity Rush Review \$150.00 (plus gst/hst)									
PLEASE ENTER CREDIT CARD NUMBER BELOW:									
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		EXPIRY DATE mm/yy:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>						TOTAL AMOUNT TO BE CHARGED INCLUDING APPLICABLE TAX:
CVV:									
ENTER NAME AS ON CREDIT CARD:			SIGNATURE FOR AUTHORIZATION OF PAYMENT:						