



*Application for Approval as a Professional
Development Course Trainer*

Name: _____

Company (if applicable): _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Fax Number: _____

Website: _____

Workshop Topic: _____

Date of Submission: _____

FOR OFFICE USE ONLY //

CLIENT#:

PROCESS DATE (yyyy/mm/dd):