



## ARCHITECTS REGISTRATION BOARD

### SCHEDULE 2

*Byelaw. 9(2)*

#### APPLICATION FOR ACCREDITATION OF CPD PROGRAMME/ WORKSHOP.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Is the provider accredited/ not accredited: \_\_\_\_\_?
3. Title of the program or workshop \_\_\_\_\_
4. Date when the program or workshop will take place: \_\_\_\_\_
5. Location: \_\_\_\_\_
6. Method of presentation: (tick whichever is applicable)
  - faculty in room with participants;
  - video tape presentation;
  - lecture method;
  - audio tape presentation;
  - discussion leader present.
7. In-house activity information: (tick whichever is applicable)
  - Open / publicized to architects;
  - Not open
8. Method of evaluation: (tick whichever is applicable)
  - evaluation forms;
  - participant critique;
  - independent evaluator;
  - other \_\_\_\_\_
9. REQUIRED ATTACHMENTS (to be attached to this application) -
  - (a) time schedule (brochure, course outline, course description);
  - (b) faculty name(s) and credentials (if not in brochure or description).
10. Total hours of instruction, not including breaks, meals or introductions: \_\_\_\_\_

11. Submitted by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

ACCREDITED PROVIDER'S OBLIGATION (does not apply to individual applicants):

The accredited provider acknowledges and agrees to comply with all applicable Byelaws of the board.

The provider further agrees to permit any board member or their designees to monitor any accredited program or workshop at no charge.

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*Signature of Accredited Provider*