



Prescribed Professional Learning – Course Completion Form

This form must be submitted by the course practitioner to confirm successful completion of the prescribed professional learning course. Please submit one form per course completed.

COURSE PRACTITIONER INFORMATION

FIRST NAME
ORGANIZATION (IF APPLICABLE)
EMAIL

LAST NAME
TELEPHONE

MEMBER INFORMATION

FIRST NAME
REGISTRATION NUMBER

LAST NAME

COURSE INFORMATION

TYPE OF COURSE TO BE OFFERED:

CLASSROOM MANAGEMENT PROFESSIONAL BOUNDARIES OTHER
ETHICAL PRACTICE EFFECTIVE SUPERVISION

COURSE NAME (IF APPLICABLE)
DATE LENGTH (HOURS)

COURSE PRACTITIONER ATTESTATION

I CONFIRM THE MEMBER SUCCESSFULLY COMPLETED THE COURSE AND MET THE EXPECTED OUTCOMES ESTABLISHED FOR THE COURSE. YES NO

BY CLICKING THIS BOX, YOU CONFIRM THE INFORMATION PROVIDED IN THIS FORM IS TRUE.

NAME OF COURSE PRACTITIONER:
DATE

SUBMISSION INFORMATION

Please email the completed form to ppl@oct.ca. Questions can be directed to 437-880-3506.