







(Submit one form per event/activity)

PART 1 – RCIC’s INFORMATION	
First name: _____ Last name: _____	RCIC #: _____

PART 2 – CPD DETAILS (FOR EVENTS ONLY)	
Name of event organizer: _____ Title of event: _____	Original date of event: _____ (DD-MM-YYYY)

PART 3 – CPD EVENT/ACTIVITY (CHECK ONE)	TOTAL CPD HOUR(S)	DATE OF ATTENDANCE/COMPLETION
<input type="checkbox"/> Attended an in-person <u>paid</u> event (educational seminar, workshop, conference, or academic immigration/citizenship course) <i>Attach proof of payment/attendance and final agenda of the event</i>	_____ CPD hour(s) (1 hour = 1 CPD hour)	Date attended: _____ (DD-MM-YYYY)
<input type="checkbox"/> Attended an in-person <u>free</u> event, no payment receipt issued <i>Attach details on appropriate authority of the event (e.g., organizer): full name, title, contact information, signature, and final agenda of the event</i>	_____ CPD hour(s) (1 hour = 1 CPD hour)	Date attended: _____ (DD-MM-YYYY)
<input type="checkbox"/> Participated in an online, live event where there was opportunity to ask questions (e.g., real time webcast, streaming video, web, or teleconference) <i>Attach proof of payment for the event</i>	_____ CPD hour(s) (1 hour = 1 CPD hour)	Date attended: _____ (DD-MM-YYYY)
<input type="checkbox"/> Watched an approved CPD event via internet, DVD, video, or CD within 90 days of the conclusion of the event or before the end of the extension period <i>Attach proof of payment for the event</i>	_____ CPD hour(s) (1 hour = 1 CPD hour)	Date watched: _____ (DD-MM-YYYY)

<p><input type="checkbox"/> Taught, moderated or spoke at a conference on immigration/citizenship</p> <p> <i>Attach conference agenda, course description and letter on institution's letterhead from program director or coordinator of the education institution where course is taught</i></p>	<p><input type="checkbox"/> 1st delivery for membership year _____ hour(s) x 3 = _____ CPD hours</p> <p><input type="checkbox"/> Subsequent deliveries _____ hour(s) x 1.5 = _____ CPD hours</p> <p><i>(Maximum of 8 hours will be credited per year)</i></p>	<p>Date completed: _____ (DD-MM-YYYY)</p>
<p><input type="checkbox"/> Facilitated group case study discussions relating to immigration/citizenship</p> <p> <i>Attach a list including signatures of all members who attended the forum</i> Note: Provider must submit an application to approve group case study discussions at least sixty (60) calendar days prior to the date of the CPD activity</p>	<p><input type="checkbox"/> 1st delivery for membership year _____ hour(s) x 3 = _____ CPD hours</p> <p><input type="checkbox"/> Subsequent deliveries _____ hour(s) x 1.5 = _____ CPD hours</p>	<p>Date completed: _____ (DD-MM-YYYY)</p>
<p><input type="checkbox"/> Participated in group case study discussions relating to immigration/citizenship</p> <p>Note: A group case study discussion should be approved prior to the date of activity</p>	<p>_____ CPD hour(s) (1 hour = 1 CPD hour)</p> <p><i>(Maximum of 2 hours will be credited per session)</i></p>	<p>Date attended: _____ (DD-MM-YYYY)</p>
<p><input type="checkbox"/> Wrote articles on immigration/citizenship for publication (e.g., newspaper, newsletter, blog)</p> <p>Article(s) must be translated to either English or French by a certified translator if written in another language</p> <p> <i>Attach copy of published article</i></p>	<p>_____ CPD hour(s) (1 hour = 1 CPD hour)</p> <p><input type="checkbox"/> 1st submission for membership year <input type="checkbox"/> Subsequent submission</p>	<p>Date completed: _____ (DD-MM-YYYY)</p>
<p><input type="checkbox"/> Published or edited books on the study or practice of immigration/citizenship</p> <p>Book(s) must be translated to either English or French by a certified translator if written in another language</p> <p> <i>Attach copy of publication</i></p>	<p>_____ CPD hour(s) (1 hour = 1 CPD hour)</p> <p><input type="checkbox"/> 1st submission for membership year <input type="checkbox"/> Subsequent submission</p>	<p>Date completed: _____ (DD-MM-YYYY)</p>

SUBMITTING CPD REPORTING AND CERTIFICATION FORM(S)

- **Complete reporting and certification form(s), attach ALL required documentation and mail to:**
 ICCRC
 5500 North Service Rd., Suite 1002
 Burlington ON L7L 6W6
- Reporting and certification forms and supporting documents can be submitted as CPD hours are accumulated. At the latest, they must be received at ICCRC headquarters by January 31 for each prior calendar year.
- Allow at least three (3) weeks for processing from the time your submission is received by ICCRC. Log into [My CPD Hours](#) to check your CPD credits. Report any errors immediately to cpd@icrc-crcic.ca.

ADDITIONAL INFORMATION

- Read the [CPD Regulation](#) for information on activities eligible for CPD hours, how to calculate CPD hours, the maximum number of hours credited for an activity, etc.
- Practice Management Education (PME) courses **ARE NOT** eligible for CPD credit.

PART 4 – CERTIFICATION

I HEREBY CERTIFY TO IMMIGRATION CONSULTANTS OF CANADA REGULATORY COUNCIL (THE “COUNCIL”) THAT in order to fulfill my annual membership obligation of acquiring a specific minimum number of Continuing Professional Development (CPD) activity credit hours I attended/completed/watched the activity identified above.

Where I attended an event in-person, I certify that I did attend the entire presentation (except for scheduled meal and/or refreshment breaks) from its start until its conclusion and did not, during that time, attend to other business or distractions, but did devote my entire attention to the program.

Where I attended an event via the internet as a remote participant or observer, I certify that I did watch or participate in the entire on-line presentation (except for scheduled meal and/or refreshment breaks) from my computer from its start until its conclusion and did not, during that time, attend to other business or distractions, but did devote my entire attention to the program.

Where I watched an approved CPD event from my computer via the internet, or from a legally-acquired and professionally produced CD, DVD or video file, I certify that I did watch the entire presentation from its start until its conclusion and did not, during that time, attend to other business or distractions, but did devote my entire attention to the program.

I ACKNOWLEDGE that making a false statement with respect to my annual CPD obligation is a disciplinary offence and, upon being found guilty of making a false claim, I could be subject to a monetary fine and/or suspension of my registration and ability to practice.

I FURTHER ACKNOWLEDGE that my claim for CPD activity hours is subject to random audit by the Council during the two (2) year period following the date of receipt of this Certification by the Council, at which time I may be required to provide proof of completion of the activities described on this CPD Reporting and Certification Form. Failure to do so will result in the cancellation of those CPD hours with the possible result of being deficient of my minimum annual CPD obligation and therefore being subject to the non-completion fines and penalties prescribed in the *CPD Regulation* of the Council.

RCIC's signature:

Today's Date:

(DD-MM-YYYY)