



**Form 1**

**IMMIGRATION PRACTITIONER PROGRAM ACCREDITATION APPLICATION**

**A. GENERAL INFORMATION**

Name of Education Provider:

Main Address:

Telephone:

Fax:

Education Provider Website Address:

Projected Start Date of Program:

Number of Projected Students:

Program Delivery Format:  Classroom  Distance Education  Blended (Classroom and Distance Education)

Program Frequency:  Semester  Modular

Student Intake Frequency: Semester \_\_\_\_\_ Modular \_\_\_\_\_

Graduation Frequency (List the times of the year):

**B. CONTACT INFORMATION**

Program Director / Coordinator:

Title:

Name:

Telephone:

Email:

All correspondence by the Immigration Consultants of Canada Regulatory Council shall be directed to:

Name:

Signature \_\_\_\_\_

Position/Title

Date Submitted: