

Please save this document as: *last name, first name –* SPC MoCapplication *YYYY (insert year of last December)*

**Credential Program Status Maintenance Form**

|  |  |
| --- | --- |
| **Name:** | **CPA membership #:** |
| **Email address:** | **Phone number:** 1 (area code) xxx-xxxx |
| Year of completion of Certificate exam: | |
| Year of completion of Diploma exam: | |
| Year of last Maintenance of Credential process (credentialed until): | |

*(To use the check boxes, double click and select “checked”)*

**Current Credential Level:**  Certificate  Diploma

**I want to maintain my Credential at:**  Option A  Option B  Option C

**First Responder:**

Current Red Cross First Responder for Health Care Professionals Certification *(or equivalent)*

valid until: MM/YYYY

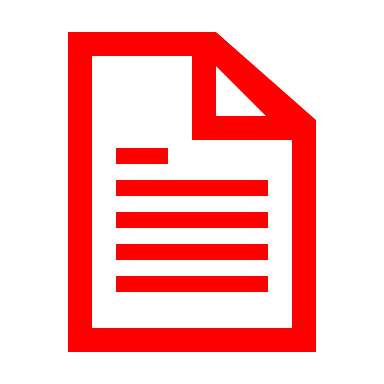
*If expired, please let us know if you are registered for an upcoming course or on a wait list*

Yes (DD/MM/YYYY)  No

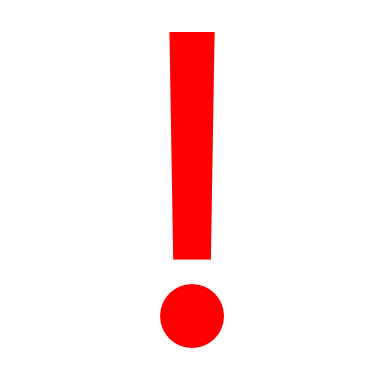
**SPC Mentor:**

YES, I would like to be a mentor for SPC Credential candidates  NO, I do not want to be a mentor

If you selected YES, please fill out the form at the address below to maintain your mentor status. You must also attend the SPC National Mentor Meeting at least every 3 years.



Mentor application can be found under Education on the SPC website <www.sportphysio.ca>

**Please note that your continuing education and field hours should be calculated from January to December three years later.**

**Continuing Education:**

*xx* hours of courses/attendance at conferences

*Please fill out the attached log to complete this application.*

**Practical Experience (Option A only):**

Total of *xx* hours of work and on-field coverage including: *(please describe the type of work included in your hours)*

*Please fill out the attached log to complete this application.*

*Event and Education Log MUST be TYPED.*

**Payment:**

An invoice of 125.00$ CDN to SPC will be sent following your application approval.

*\*\*Please be advised that a late fee applies for all forms received past the expiration of your previous Maintenance of Credentials. Late Maintenance will be charged $20.00 CDN per year.*

***All Credentials are processed from January to December of a 3-year calendar block.***

*Renewal deadline is December 31st.*

**Maintenance of Credentials – Continuing Education**

**Option A & B:** A minimum of 60 hours attending post-graduate courses or conferences relevant to the SPC Credential Program curriculum.

**Option C:** A minimum of 40 hours attending post-graduate courses or conferences relevant to the SPC Credential Program curriculum.

\*\*Continuing Education hours can include: courses, webinars, conferences, direct mentorship hours for SPC credential candidates, teaching physiotherapy courses, university lectures (in sport and/or orthopaedic physiotherapy), and sport physiotherapy journal reviews.

\*\* Please copy this page and insert it on the next page if further space is required

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| --- | --- | --- | --- | --- |
| **DATE** | **COURSE** | **LOCATION** | **ORGANIZATION** | **HOURS** |
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**Courses/conferences for the 3 years:** **From:** YYYY **To**: YYYY

**Total continuing education hours:** XX hours

**Maintenance of Credentials – Practical Experience**

**Option A:** A minimum of 200 hours of clinical and/or field work in sports physiotherapy is required. This includes employment and/or volunteer work. **Of these 200 hours, a minimum of seventy-five (75) hours of field (on-site) experience is required**; event name, date and hours must be logged.

\*\* Please copy this page and insert it on the next page if further space is required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **EVENT** | **POSITION HELD**  (Chief Therapist, HST member, Lead team therapist, host medical, etc.) | **CLINIC HOURS** | **FIELD HOURS** |
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**Practical experience for the 3 years:** **From:** YYYY **To**: YYYY

**Total clinic hours:** XX hours **Total field hours:** XX hours