

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

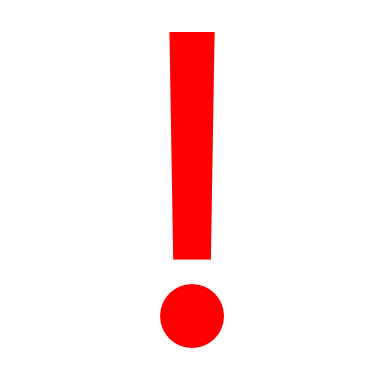
**First Responder:**

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

**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