

Training Provider:

Project Management Association of Canada Association de Gestion de Projets du Canada

Course Accreditation Application Form

Address:		
City:		Prov.:
Postal Code:		URL:
Contact Name:		
Phone:		Email:
C D : 1		
Course Details	T	
Course Name:		
Brief Description:		
T ' Ol' '		
Learning Objectives:		

Target Audience:		
Prework Hours:		
Instructional Hours:		
Homework Hours:		
Instructional Materials		
Textbook(s):		
Video(s):		
Audio:		
Teaching Aids		
(props, games, etc.):		
Course Evaluation		
Student Evaluation? (Y/N)		
Method of Evaluation:		
Passing Grade:		
Course Background		
Course Developer:		
Year Developed:		
Licensed or Owned?		
Existing Accreditations for this Course:		
Awards:		
Management Association of C for \$500 made out to the association	Canada for an ciation, or wil	ourse described herein to the Project accreditation review. I will enclose a cheque l pay via PayPal to treasurer@pmac-ampc.ca
		erstand that the review process will take
		ociation does not accredit this course, the
accreditation application fee v	viii not de ren	unded.
all student workbooks, instruc	tor manuals,	d a course package that includes two copies of textbooks, handouts, audio-visual materials, ssment of this course. My materials will be
returned upon completion of t		<u> </u>
returned upon completion of t	iic EvaiudiiUll	•
Applicant Signature		Date
11 0		