**CEU Course Verification Form**

**Section #1 to be completed by RMT.**

**Please forward to course provider to complete with back up documentation.**

**Section 1:**

|  |  |
| --- | --- |
| RMT Name: |  |
| RMT Email: |  |
| Date: |  |
| **Course Name:** |  |
| Course Provider: |  |

**Section #2 to be completed by Course Provider**

**Please return to RMT with additional documents listed below:**

**Section 2:**

|  |  |
| --- | --- |
| Course Name: | (Exactly as it will appear on registration) |
| Website/link: |  |
| Instructor(s): |  |
| Language: |  |
| Delivery:  Select one | Virtual / Live / In person |
| Email: |  |

|  |  |
| --- | --- |
| Number of hours of \*direct instruction: \*excluding Breaks |  |

|  |
| --- |
| **Principle Modality/ Subject Matter to be Taught:** |

|  |
| --- |
| **Special Considerations / why would I choose this course/notes:** |

**Please include:**

* Résumé or credentials of instructor(s).
* A course outline, detailing course content and learning objectives including relevance to Category A and Category B criteria
* Any other relevant information.
* I have reviewed the policy statement 2:

[Policy-Position-Statements-EN-December-2022.pdf (cmtnb.ca)](https://www.cmtnb.ca/docs/2023/Policy-Position-Statements-EN-December-2022.pdf)

Course providors:

Consider completing this form with all additional documents and saving it for future requests from CMTNB RMTs.