



Form A

Recognized Educational Provider (REP) Application

Organization Information	
Contact Name:	Position Title:
Organization Name:	
Address:	
City:	Province/State:
Postal/Zip Code:	Country:
Phone:	Email:
Website:	

Please provide a 2-3 sentence description of your company/organization. This information will be posted on the [Current Recognized Educational Providers](#) page of the AIBC website. Provider descriptions will only be posted on our website for *annual* providers.

REP Membership

What type of membership are you applying for?

- Annual Membership (If you plan on delivering more than one presentation during the year)
- One-time Membership (If you plan on delivering one single event – one date, one location)

Would you like to receive AIBC's monthly electronic newsletter (Connected)?

- Yes
- No

Statement

I have read and agree to abide by the policies and procedures outlined in the *Recognized Educational Provider (REP) Program Guidelines*. I understand it is my responsibility to understand and disseminate all information regarding our participation with members of our organization involved with the REP program. I understand that other companies or organizations may not use the AIBC Recognized Educational Provider logo without prior approval from the AIBC. I understand that our organization is responsible for the quality assurance of any educational program/s reported under our assigned provider account, and that our programs may be subjected to a quality audit. I understand that I may be removed from the system (forfeiting any fees paid) if we are non-compliant or have acted inappropriately at any time. I further understand there is no automatic right to renewal and that the AIBC may decline to renew our recognized provider status.

Collection Notice

The information on this form is collected under the authority of AIBC Bylaws under the *Professional Governance Act*, S.B.C. 2018, c. 47. The information will be used to process your application and update the AIBC's Recognized Educational Provider program. If you have questions about the collection and use of this information please contact the AIBC's Professional Development department by phone at 604.683.8588 or by email at professionaldevelopment@aibc.ca. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act*, the AIBC provides security and confidentiality of your personal information.

- I have read the above statement

Application date:

Name:

Completed forms can be emailed to EducationalProvider@aibc.ca