



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

## Form B

### REP Activity Information

*Please fill out this form completely, clearly detailing the scope of the learning activity. If you have a copy of the presentation and/or a program available for this learning activity, please attach it at the time of your submission. If sufficient information is not provided on this form, further follow-up may be required.*

General Information	
Provider Name (As registered with AIBC)	
Title of Learning Activity	
Date of Activity	
Length of Activity (in minutes)	Length of Breaks, if applicable (in minutes)
Method of Delivery (select all that apply) <input type="checkbox"/> In-person <input type="checkbox"/> Live webinar <input type="checkbox"/> Other (please specify) _____	

Presenter Information	
Presenter Name(s)	
Presenter Qualifications (list each presenter, their designations, qualifications and relevant experience)	

## Learning Activity Information

### Activity Summary

**Learning Objectives** (*list at least 3 learning objectives for each hour of presentation*)

## Attendance Tracking

If this session is approved, the Recognized Educational Provider is responsible for tracking attendance and submitting it to [EducationalProvider@aibc.ca](mailto:EducationalProvider@aibc.ca) within 14 days of the event. Tracking sheet templates are available and can be requested from the AIBC.

**Note:** REPs are responsible for reporting attendance for activities approved under their provider account regardless of arrangements made with other providers.

## Promotion

**Would you like this event advertised in the [AIBC events calendar](#)?** (*If yes, please complete and submit [Form C: REP Event Promotion](#)*)

- Yes
- No

Completed forms can be emailed to [EducationalProvider@aibc.ca](mailto:EducationalProvider@aibc.ca)