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RAC Accreditation Application Form

Please include all appropriate documentation with this application form.

Section 1: Applicant Information

Language of preference: English French

Applicant Name: _____

Street/PO Box: _____ (Mailing address only please)

City: _____ Province/State: _____ Postal Code: _____

Phone: _____ E-mail Address: _____

Help us stay in touch with you! Please notify us if your mailing or email addresses change.

Section 2: What are you Accrediting?

Please note that, if approved, the following information will be used for the activity listing on RAC's website.

Name of Activity: _____

Name of Institute (if applicable): _____

Name of Instructor(s): _____

Contact Phone: _____

Contact Email: _____

Website: _____



Section 3: Activity Details

The aim of the accreditation process is to ensure the integrity, quality and benefits of this activity and confirm that the delivery is by a qualified instructor. We will evaluate applications in relation to the scope of the Association’s Continuing Education program, mission and values.

Please include the following information along with your application.

- Activity information sheet. *(Please see the appendix.)*
- Detailed description and outline.
- Resume and credentials of all instructors.
- A sample of all materials supplied to participants, including charts, manuals and workbooks. If the material is online and restricted to registrants, we request temporary guest access.
- A sample of the certificate issued on completion of activity
- A sample of the transcript issued on completion of activity, if applicable.
- Photograph and/or video of activity space, if applicable.
- Availability (dates and times) for phone/video conference interview.

Section 4: Payment Details

Payment to “Reflexology Association of Canada” in Canadian funds please.

Application Fee (non-refundable)

Canadian residents: \$75 plus GST/HST PER ACTIVITY

Please note that, if paying by credit card, the appropriate tax will be charged. If incorrect tax is put on cheque payment, the application will not be processed until correct tax is paid.

Outside Canada: \$75

\$ _____ Application Fee

\$ _____ (GST/HST)

\$ _____ **Total amount**

If paying by credit card, please enter information below:

Cardholder name _____

Card number _____ Exp. Date _____ CVV _____

Signature _____

Payment method:

- Online Cheque Money Order/Bank Draft MasterCard Visa Discover



Section 5: Agreements

If the activity submitted with this application is accepted for accreditation with the Reflexology Association of Canada (RAC), _____ (provider) agrees to promote and adhere to the principles and objectives of the Association as set forth in its By-Laws, Code of Conduct and Ethics, and Standards of Practice.

I/We agree to include the following statement on our website and activity materials: "Accredited by the Reflexology Association of Canada for xx credits."

I/We agree to submit this activity for re-evaluation every three years -or- within 30 days of any implemented changes if I/We wish to maintain the status of a RAC Accredited Activity and the privilege to use "Accredited by the Reflexology Association of Canada for xx credits" after the activity's name.

I/We agree to supply each participant with a certificate of completion, which will include the activity title, participant's name, completion date, number of hours/credits attributed and the signature of the provider. I/We further agree that the number of hours/credits presented on the certificate represents the actual number of hours/credits that the participant has earned.

I/We understand that, except for the information provided in Section 2, all information given on this form and in all documents provided as support for this application (either physical or digital) is for the sole purpose of this application and may not be shared with any third party or used for any other purpose without my/our express written permission.

Name _____

Name of Institute (if applicable): _____

Authorized Signature: _____ Date: _____

Please submit this signed form along with all supporting documents to
info@reflexologycanada.org
-or- mail to the address below.



Appendix: Activity Information Sheet

Please describe how this activity benefits a potential or current Reflexology Therapist. (200 words max)

For the following, please check all that apply.

Language of activity <input type="checkbox"/> English (<i>title</i>) _____ <input type="checkbox"/> French (<i>title</i>) _____ <input type="checkbox"/> Other _____	OFFICE USE ONLY	
Type of activity <input type="checkbox"/> Course <input type="checkbox"/> Workshop <input type="checkbox"/> Coaching <input type="checkbox"/> Directed Study	<input type="checkbox"/> Study Group <input type="checkbox"/> Conference <input type="checkbox"/> Other _____	
Participation Levels <input type="checkbox"/> Certification <input type="checkbox"/> Continuing Education <input type="checkbox"/> Professional Development <input type="checkbox"/> Personal Development		
Prerequisites <input type="checkbox"/> No prerequisites required <input type="checkbox"/> Certification required _____ <input type="checkbox"/> Other _____		
Location <input type="checkbox"/> Video conference <input type="checkbox"/> Online (self-paced) <input type="checkbox"/> Distance learning <input type="checkbox"/> Travelling, specific locations (<i>please name cities/provinces</i>) _____ <input type="checkbox"/> Travelling, by invitation <input type="checkbox"/> Fixed location (<i>please name city/province</i>) _____		



For the following, please check all that apply.

<input type="checkbox"/> Activity/Training hours <input type="checkbox"/> Live (in-person or video-conferenced) Number of hours _____. Percentage of training that is practical work _____. <input type="checkbox"/> Online Learning (self-paced) Number of hours of videos _____. <input type="checkbox"/> Distance Learning* Estimated number of hours of reading/study _____.	OFFICE USE ONLY
<input type="checkbox"/> Homework/Home Study <input type="checkbox"/> Obligatory, reviewed homework or home study Number of hours _____. <input type="checkbox"/> Unreviewed home study* Number of hours _____.	
<input type="checkbox"/> Practicum/Case Studies <input type="checkbox"/> Supervised practicum Number of hours _____. <input type="checkbox"/> Unsupervised practicum* Number of hours _____. <input type="checkbox"/> Supervised case studies Number of sessions _____. Time allocated per session _____. <input type="checkbox"/> Unsupervised, reviewed case studies Number of sessions _____. Time allocated per session _____. <input type="checkbox"/> Unsupervised case studies* Number of sessions _____. Time allocated per session _____.	
<input type="checkbox"/> Assessment <input type="checkbox"/> Written Exam(s) Number of hours _____ Passing grade (percent or pass/fail) _____ <input type="checkbox"/> Practical Exam(s) Number of hours _____ Passing grade (percent or pass/fail) _____ <input type="checkbox"/> Project/Lesson Plans/Thesis/etc. Number of hours _____ Passing grade (percent or pass/fail) _____	

** Please note that unassessed components will not be considered in the attribution of Continuing Education credits.*

