



THE NOVA SCOTIA ASSOCIATION OF REFLEXOLOGY PRACTITIONERS

CONTINUING EDUCATION PROVIDER STATUS APPLICATION FORM

Date: _____
Name of Instructor: _____
Facility: _____
Address: _____
Phone: _____
Email: _____
Website: _____

Name of Course: _____
Hours of Instruction: _____
Fee for Program: _____

Please include: 1. a copy of your resume detailing your credentials as an instructor for this course.
2. a copy of the course outline.

Application Approved: _____
Course Approval #: _____
CEU Value: _____

Disallowed: _____
Reason for Refusal: _____

President NSARP

**PO Box 224
Centreville, NS B0P 1J0
(902) 679-4510
Email : NSARP@ns.sympatico.ca
Website: www.nsarp.org**