



Application for Approval of an Educational Course

Applicant Name: _____

Registration Number: _____

This educational course applies to:

___ Spinal Manipulation

___ Dry Needling

___ Acupuncture

___ Pelvic Floor Therapy

Details of education program:

Name of program: _____

Year Completed: _____

Detailed description of theoretical component of program:

Detailed description of practical component of program:

Detailed description of final evaluation method or process:

Detailed description of course instructor (s) and relevant qualifications:

Please attach any relevant documentation concerning your course that would assist with determining the acceptability of this course for a rostered activity.

Please review the relevant bylaws and practice guidelines surrounding the area of practice for which you are applying to be rostered to ensure that your course meets requirements as outlined by SCPT.

- **Acupuncture** – Practice Guideline # 9 and Regulatory Bylaw 18 (1) and 18 (2)
- **Dry Needling** – Practice Guideline # 10 and Regulatory Bylaw 18 (3) and 18(4)
- **Pelvic Floor Therapy** – Practice Guideline # 11 and Regulatory Bylaw 18 (7)
- **Manipulation** – Regulatory Bylaw 18 (5)

Signature: _____

Date: _____

PLEASE PRINT, SIGN & DATE AND SUBMIT TO THE SCPT OFFICE