



LAW SOCIETY OF ONTARIO  
CPD ACCREDITATION  
PROCESS CPDACC@LSO.CA

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACCREDITATION

### Application for Accreditation – Program (**for Professionalism Content only**)

#### Application Instructions

Review the detailed instructions for applications for accreditation on the [CPD Accreditation Process](#) page and [Sample CPD Accreditation Applications](#).

Submit a completed copy of this Application form by email to [cpdacc@lso.ca](mailto:cpdacc@lso.ca) and attach the program agenda.

Indicate “Expedited Review Request” (described below) in the subject line of the email if applying for this special consideration.

#### Accreditation Processing and Deadlines

The Law Society deals with a high volume of Applications and the standard processing time for accreditation Applications is approximately **15 business days of receipt** of the Application. Incomplete Applications may require additional processing time.

Applications for accreditation for Professionalism Hours may be submitted at any time prior to or following the program. Applications must be completed and submitted by no later than **30 days prior to the program date** in order to facilitate accreditation in advance of the delivery of the program.

Applicants must not indicate in their promotional materials or agenda that a program is eligible for Professionalism Hours (including that an application for accreditation has been submitted or that accreditation is pending) until the Applicant has received a **Notice of Accreditation** from the Law Society for the program.

#### Expedited Review Request (If Applicable)

*Special consideration will only be granted in circumstances where a program is being expedited to provide licensees with timely information on significant changes in the law, procedure or policy. The Law Society may not be able to accommodate last minute program changes and marketing schedules.*

I am requesting an expedited review of this application.

Explain the reason(s) for the expedited review request:

## Section 1: Provider and Program Information

Provider Name:

Contact Name and Title:

Contact Phone:

Contact Email:

Program Title:

Program Location:

Program Date(s):

Program Format (select all that apply):

Live In-Person

Live Webcast

Live Audio

Interactive Online Course

Videoconference

On-Demand

DVD/Video

Podcast

Other (please specify):

Explain how the program provides opportunities for **interactivity**:

## Section 2: Accreditation Information

*In order to qualify for accreditation for Professionalism Hours, programs must address topics of professional responsibility, ethics, practice management and/or equality, diversity and inclusion.*

*Applicants are encouraged to review the [Accreditation Criteria for Professionalism Hours](#) prior to completing this section of the Application.*

I have attached an agenda for the program.

1. Explain the **learning objective(s)** of the program:

2. Describe the **audience** for the program (e.g., lawyers, paralegals, support staff):

3. Set out the relevant information about **program duration** (e.g., \_\_ hours and \_\_ minutes; 15 minute minimum):

Total program hours allocated to **equality, diversity and inclusion topics** (if any):

Total program hours allocated to all other **professionalism topics**:

4. Provide the information requested below for each session(s) that you are seeking accreditation for Professionalism Hours, including **identifying the applicable professionalism topic(s)** and **describing the connection between the content and the professionalism topic(s)**.

*Only those sessions of the program that are listed and described as required will be assessed for accreditation for Professionalism Hours. If the program contains more than **three** sessions that include professionalism content, describe those additional sessions in [Appendix "A"](#) to this Application.*

**Session 1:**

Title/Description:

Equality, Diversity and Inclusion ("EDI") Professionalism Hours	All other Professionalism Hours ( <u>excluding</u> EDI Professionalism Hours)

[Professionalism Topic\(s\)](#):

Brief description of the connection between content and [Professionalism Topic\(s\)](#):

**Session 2:**

Title/Description:

EDI Professionalism Hours	All other Professionalism Hours ( <u>excluding</u> EDI Professionalism Hours)

[Professionalism Topic\(s\):](#)

Brief description of the connection between content and [Professionalism Topic\(s\)](#):

**Session 3:**

Title/Description:

EDI Professionalism Hours	All other Professionalism Hours (excluding EDI Professionalism Hours)

[Professionalism Topic\(s\):](#)

Brief description of the connection between content and [Professionalism Topic\(s\)](#):

### Section 3: Accreditation of Teaching Hours

If the program contains more than **two** presenters, include information about the additional presenters in [Appendix "B"](#) to this Application.

I am requesting accreditation of teaching hours for this program.

List the following information for each presenter for whom accreditation of teaching hours is sought:

#### Presenter 1:

Name:

Law Society Number:

Email address:

Session presented and actual teaching time:

Total teaching time requested (up to **three** times the actual teaching time to reflect actual preparation time, up to a maximum of **six** hours per year):

#### Presenter 2:

Name:

Law Society Number:

Email address:

Session presented and actual teaching time:

Total teaching time requested (up to **three** times the actual teaching time to reflect actual preparation time, up to a maximum of **six** hours per year):

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### Section 4: Declaration

*Please check the applicable box.*

Application submitted **before** program date.

By submitting this Application, I confirm that the professionalism content requested will be completed in accordance with the materials and information provided. If the content varies from that which is presented in this Application and/or the accreditation granted, I agree to notify the Law Society immediately in order to adjust the credit available for the program.

Application submitted **after** program date.

By submitting this Application, I confirm that the professionalism credit requested was completed in the program.

Name:

Date: