

REQUEST FOR RESEARCH CREDIT ASSESSMENT

Registrant Name: _____ Professional Designation: _____

Please provide a detailed explanation of the nature of your research work:

Was your research independent or group work? Did you lead the group?

Is this research on a volunteer basis or part of your employment?

How many hours have you dedicated to the research work indicated above during this CPD cycle?

Please provide any supporting documentation for this request (Research objectives, data collection, publications, protocols, etc.):

Complete details and supporting documentation provided by you will enable the Credentials Committee to make a timely decision. Please provide any additional information to support your request

COMMITTEE USE ONLY

Date: _____ Approval (Y/N): _____ # of credits assigned: _____

Rationale for decision: