



**Continuing Education / Professional Competency Recognition Application
Competency 1.0 - Professionalism**

Organization: _____ Contact: _____ Email: _____

Event title: _____ Date(s) of Event: _____

Type Of Event: Conference Education Day Webcast Webinar Other _____

Session Title: _____ Start Time: _____ Length of Session (hrs): _____

Location: _____ Website Link: _____

Session Description: 	Do you wish to have your Event advertised on the CSNM Website YES <input type="checkbox"/> NO <input type="checkbox"/>
	If Yes, please provide Registration details:

Competency 1.0 – Professionalism

Please indicate which areas of the professional competency will be addressed in the session.

- | | |
|--|---|
| <input type="checkbox"/> Participate in activities to gain knowledge, skills & behaviours | <input type="checkbox"/> Identify and address conflict of interest situations |
| <input type="checkbox"/> Identify and address situations of confidentiality | <input type="checkbox"/> Apply and assess problem solving & decision making processes |
| <input type="checkbox"/> Identify management styles and leadership skills | <input type="checkbox"/> Manage time effectively |
| <input type="checkbox"/> Demonstrate accountability for action | <input type="checkbox"/> Follow established dress and work codes |
| <input type="checkbox"/> Demonstrate adaptability to new situations | <input type="checkbox"/> Demonstrate dependability and initiative |
| <input type="checkbox"/> Demonstrate effective verbal and non-verbal communications skills | <input type="checkbox"/> Demonstrate effective written communication skills |
| <input type="checkbox"/> Participate in Meetings | <input type="checkbox"/> Select the appropriate method of communication |
| <input type="checkbox"/> Utilize computers and other available electronic communication technology | <input type="checkbox"/> Demonstrate effective multimedia communication skills |

Application Submission Date _____ Submitted by _____

PLEASE ENSURE TO SEND THE COMPLETED FORM TO THE CE PORTFOLIO MANAGER AT: coned@csnm.ca

For Office Use ONLY	<input type="checkbox"/> Event Approved # Points Awarded _____ Approved by _____ Date _____
	<input type="checkbox"/> Event Not Approved – Please indicate below why the event/session has not been approved for CE.