



**Continuing Education / Professional Competency Recognition Application  
Competency 2.0 – Quality Management**

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 2.0 – Quality Management**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Participate in quality management programs                                | <input type="checkbox"/> Describe government standards related to quality management |
| <input type="checkbox"/> Correlate Standard operating procedures with legal and HACCP requirements | <input type="checkbox"/> Analyze risks related to food hazards                       |

Application Submission Date \_\_\_\_\_ Submitted by \_\_\_\_\_

**PLEASE ENSURE TO SEND THE COMPLETED FORM TO THE CE PORTFOLIO MANAGER AT: [coned@csnm.ca](mailto:coned@csnm.ca)**

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