



The Law Society of
Upper Canada

Barreau
du Haut-Canada

Continuing Professional Development Requirement

Notice of Repeat Accredited Program

_____ \VO _____ held within the _____ year accreditation _____)

1.	Provider's Name					
	Contact Name and Title					
	Telephone		Fax		Email	
2.	Program Title					
3.	Date(s)		Location(s)			
4.	Original Program Details					
	Original Program Date:					
	Accreditation Date:					
	Total number of accredited hours:					
5.	Professionalism Content					
	I confirm that the professionalism content remains the same as the original program. Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If no, please provide details on the minor changes:					
	Note: If there are major changes to the original program, please submit a new Application.					

Questions? For additional information, please contact us by e-mail at cpdacc@lsuc.on.ca or by telephone at 1-800-668-7380 ext 2938 or 416-947-3300 ext 2938.