## Get your course or conference recognized by ISWP

Please select the course recognition that you are seeking:

* ISWP continuing education
* As aligned to the [World Health Organization Wheelchair Service Training Package at the basic level](https://www.who.int/disabilities/technology/wheelchairpackage/en/) towards [ISWP Wheelchair Service Provider Certification](https://wheelchairnetwork.org/get-certified/). A basic level service is one able to provide an appropriate wheelchair for users that can sit upright without additional postural support.

Please complete the following information for ISWP’s review:

1. Name of the course/conference in English:

1. Name of the course/conference in its original language (if applicable):

1. Course/conference dates(s):

1. List the learning objectives:
2. Describe the target audience:
3. Describe, upload, or include the website for the conference/course program (include topic, duration, and format - lecture, online, practical, etc.):
4. ISWP recognition seal may only be used in the course’s marketing material and in the title presentation slide (when applicable). In this sense, please:
	* Attach to your request an example of the marketing material
	* Submit an *Instructor Declaration Form* per instructor
5. Include the reasonable accommodation and/or accessibility statement used in your course promotion and/or registration material:
6. Venue:
7. Organizing institution:

1. Contact person:

*Instructor Declaration Form*

In one paragraph maximum, briefly describe you background (name, credentials, experience).

*Please read the following statements and add your initials in sign of agreement.*

\_\_\_\_\_\_ *(initials)*: I agree to demonstrate high standards of professional conduct and will ***not*** discriminate against learners based on gender, age, socioeconomic or ethnic background, religion, sexual orientation or disability.

\_\_\_ *(initials)*: I confirm the learning material is does not infringe copyright and any necessary written permissions have been obtained for the use of photos.

\_\_\_ *(initials)*: I understand that as part of a random audit process, ISWP may request to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.

\_\_\_ *(initials)*: I acknowledge that ISWP will not be held legally responsible for any misrepresentation on my part regarding copyright infringement.

\_\_\_ *(initials)*: I will disclose to the learners my financial relationships (if any) with entities producing wheelchair products or services that may influence the objectivity of my position to control the content of the course/conference. Check what applies:

* I have no relationships with entities producing wheelchair products or services
* I have financial interest with the following entities that produce wheelchair products or services. List all including the type of relationship (*e.g. stockholder at Wheelchair Company; consultant at wheelchair company; employed by wheelchair company):*

I attest that the information above and I agree that all elements of the course/conference for which I am responsible will be balanced, evidence-based, and free of commercial influence.

NAME:

SIGNATURE:

DATE: