



## CONTINUING PROFESSIONAL DEVELOPMENT

Law Society of Ontario  
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### PRESENTER APPLICATION FORM FOR PARALEGALS

**Please tell us more about yourself:**

First/Last Name: \_\_\_\_\_

Firm Name/Company Name: \_\_\_\_\_ Number of years experience: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

**Area(s) of practice:**

- |   |  |
|---|--|
| <input type="checkbox"/> Mediation  | <input type="checkbox"/> Advocacy  |
| <input type="checkbox"/> Criminal Code Matters                                | <input type="checkbox"/> Landlord & Tenant Board                         |
| <input type="checkbox"/> Immigration  | <input type="checkbox"/> Property Rights                                 |
| <input type="checkbox"/> Workplace Safety & Insurance                         | <input type="checkbox"/> Human Rights                                    |
| <input type="checkbox"/> FSCO   | <input type="checkbox"/> Provincial Offenses in Ontario Court of Justice |
| <input type="checkbox"/> Small Claims Court                                   |  |
| <input type="checkbox"/> Other - please list specific area(s) of focus: _____ |  |

**Which of the following presenter roles are of most interest to you?**

- |  |  |
|--|--|
| <input type="checkbox"/> Lecturer in large group programs    | <input type="checkbox"/> Presenter in telephone seminar programs |
| <input type="checkbox"/> Facilitator in small group programs | <input type="checkbox"/> Instructor in workshop programs         |

**What is the level of experience of your preferred audience?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Essential (0-5 years) | <input type="checkbox"/> Intermediate (5-10 years) | <input type="checkbox"/> Senior (10+ years) |
|--|--|---|

**Describe any training or experience you have had as a presenter and/or instructor:**