School District 69 Qualicum

Collaborative Education Alternative Program

CEAP Learning Centre | Box 1000 | 266 Village Way | Qualicum Beach, BC V9K 1T3
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SERVICE PROVIDER CONTRACT

In Accordance with Section 86 of the School Act of British Columbia it is appropriate for CEAP to enter into an agreement with service providers "*to purchase educational services under the general supervision of an employee of the board who is a member of the college.*"

CEAP provides authorization to you to invoice us for services provided to supplement the learning outcomes of the individual student learning plan, as long as the following conditions are met:

- A signed Service Provider Contract is in effect.
- Criminal Records Check has been verified by our office.
- Provider has received, read, and understood the "Code of Ethics for CEAP Tutors" document
- Authorization by CEAP office for the activity and the specified amount to be paid on the student's behalf.
- Invoices for reimbursement for activities must be received by our office before June 15.

All payments are made directly to the Service Provider by CEAP.

Date of Application: _____

Service Provider Business Name: _____

Nature of Service Provided: _____

As a part of our approval process, you are requested to include the following:
- A one-page overview of your course or program, listing the number of sessions, topics/skills covered, and types of activities the student will engage in.
- A photocopy of any applicable credentials, certification(s), or summary of training and education. (Employees of organizations such as RDN are exempt from this requirement.
- If you are a private service provider (not attached to any organization, attach copy of Criminal Records Check, or

Valid Criminal Records Check is ◯ **Attached** ◯ **on file with employer** (Employer:) _____
                                                                                                                                          Initial

Service Provider Contact Name:_____

Address: **_____**

                         _____

Telephone and FAX: **(Tel)_____**   **(FAX) _____**

Email Contact: **_____**

_____   _____   _____
Service Provider signature   *for CEAP*   *Date*