



In order to confirm your intent a completed Proposed Educational Program Information Form must be submitted to CCS prior to developing the educational activity.

The CCS will review the Proposed Educational Program Information Forms to determine if the activity meets the [CCS' Standard of Quality CPD](#) and the identified learning needs of CCS's target audience.

Please ensure that you have read the [National Standard of Support for Accredited CPD Activities](#) prior to submitting this Proposed Symposium Form. All Symposium must align with this standard to be eligible for Section 1 or Section 3 accreditation.

The CCS can accept suggestions from all sources regarding the development of this program, but the final decisions lie within the Scientific Planning Committee.

Should the CCS agree to the proposal, an appropriate Scientific Planning Committee Chair will be chosen by the CCS.

Please return the form no later than March 16, 2019 and forward any questions to email: cpd@ccs.ca, Phone: 877/613-569-3407 ext. 401



Proposed theme of the educational activity:

Name of Principal Contact Person:

Email:

Telephone:

Organization Name:

Mailing Address:

City:

Province/State:

Postal/Zip Code:

Do you have a preferred medical education firm that you use for the development of your educational programs?

No

Yes. If so, please provide the name of the company:



Please select all therapeutic areas of focus that apply to this proposed Symposium:

Acute Coronary Syndrome	Electrophysiology	Pericardial Disease
Cardio-oncology	Epidemiology	Peripheral Disease
Cardiac Physiology	Heart Failure	Myocardial Disease
Adult Congenital	Genetics	Pharmacy
Anesthesiology	General cardiology	Pregnancy & Heart Disease
Angiography	Health Care Admin	Pulmonary Hypertension
Arrhythmia	Hypertension	Population Health
Atrial Fibrillation	Image - CT	Sudden Cardiac Death
Critical Care	Imaging - Echo	Syncope
Cardiac Rehabilitation	Infective endocarditis	Thromboembolic Ven.
Cardiac Tumors	Interventional cardiology	Transplant
Chronic Ischemic	Invasive imaging	Vascular Medicine
Clinical Pharmacology	Imaging CMR	Valvular Heart Disease
Disease of the Aorta	Imaging – Nuclear	Other:
Diabetic Heart Disorder		
Dyslipidemia		

Please indicate if you have any suggestions for faculty (Program Planning Committee/Speaker) members:

Please provide a brief description of any adult learning program formats you would like to see incorporated:



Please describe the educational needs that the activity addresses:

Please list all commercial drug(s) or product(s) that will be discussed in your educational activities:

Have you included the following?

Copy of a Preliminary Needs Assessment	Yes	No
Symposium Request Form	Yes	No
Cheque for Symposium Opportunity Fee	Yes	No