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 <u>CCS' Standard of Quality CPD</u> and the identified learning needs of CCS's target audience.

Please ensure that you have read the <u>National Standard of Support for Accredited CPD Activities</u> 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 Cor	itact Person:		
Email:		Telephone:	
Organization Name:			
Mailing Address:			
City:	Province/State:	Postal/Zip Code:	
	Select One		

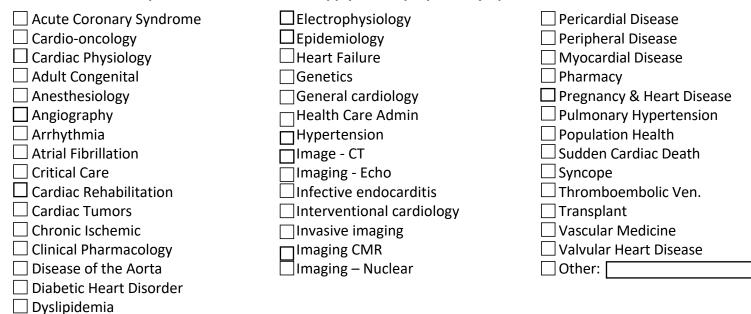
Do you have a preferred medical education firm that you use for the development of your educational programs?



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



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



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	O Yes	O No
Symposium Request Form	O Yes	ONO
Cheque for Symposium Opportunity Fee	O Yes	O No