



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:

Select One

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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acute Coronary Syndrome | <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Pericardial Disease |
| <input type="checkbox"/> Cardio-oncology | <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Peripheral Disease |
| <input type="checkbox"/> Cardiac Physiology | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Myocardial Disease |
| <input type="checkbox"/> Adult Congenital | <input type="checkbox"/> Genetics | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> General cardiology | <input type="checkbox"/> Pregnancy & Heart Disease |
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Health Care Admin | <input type="checkbox"/> Pulmonary Hypertension |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Population Health |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Image - CT | <input type="checkbox"/> Sudden Cardiac Death |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Imaging - Echo | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Infective endocarditis | <input type="checkbox"/> Thromboembolic Ven. |
| <input type="checkbox"/> Cardiac Tumors | <input type="checkbox"/> Interventional cardiology | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Chronic Ischemic | <input type="checkbox"/> Invasive imaging | <input type="checkbox"/> Vascular Medicine |
| <input type="checkbox"/> Clinical Pharmacology | <input type="checkbox"/> Imaging CMR | <input type="checkbox"/> Valvular Heart Disease |
| <input type="checkbox"/> Disease of the Aorta | <input type="checkbox"/> Imaging – Nuclear | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Diabetic Heart Disorder | | |
| <input type="checkbox"/> 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 | <input type="radio"/> Yes | <input type="radio"/> No |
| Symposium Request Form | <input type="radio"/> Yes | <input type="radio"/> No |
| Cheque for Symposium Opportunity Fee | <input type="radio"/> Yes | <input type="radio"/> No |