

Study Club Application Form

Please complete the following information and email to CE@cdsab.ca

1. Name of Study Club: _____

Subject Material: _____

NOTE: Intra-office, Inter-Office, Commercial, Proprietary or Case-Presentation Study Clubs will not be considered

Executive:

President: _____

Email: _____ Phone: _____

Contact: _____

Email: _____ Phone: _____

Mentor(s):

_____	_____
_____	_____
_____	_____
_____	_____

Would you like your Study Club posted on the Members Portal: ☐ Yes ☐ No

<https://www.cdsab.ca/my-profile/continuing-education/study-clubs/>

Members: (attach separate sheet if required)

_____	_____
_____	_____
_____	_____
_____	_____

2. Administration and Reporting

Date of application: _____

Usual location of meeting: (include address if possible)

Mailing address:

Period of operation: _____
(i.e., Jan-Dec. or Sept.-June)

Total Annual Hours: _____

Proposed annual cost assessment per member: _____

3. Goals

4. Objectives

Are specific objectives (learner outcomes) developed for each Continuing Education Presentation?

☐ Yes ☐ No

How are objectives communicated to potential participants?

Course announcements ☐ Yes ☐ No

Handout materials ☐ Yes ☐ No

Verbally at start of the session ☐ Yes ☐ No

Other: _____

5. Evaluation Made of

Course content	<input type="radio"/> Yes	<input type="radio"/> No
Course handout material	<input type="radio"/> Yes	<input type="radio"/> No
Mentors	<input type="radio"/> Yes	<input type="radio"/> No
Meeting expectations	<input type="radio"/> Yes	<input type="radio"/> No

6. Commercial Conflict of Interest

Does your club receive commercial support for any activities? ☐ Yes ☐ No

Comments: _____

7. Program

a) Date and Time: _____

Number of Hours: _____

Topic: _____

Presenter(s): _____

b) Date and Time: _____

Number of Hours: _____

Topic: _____

Presenter(s): _____

c) Date and Time: _____

Number of Hours: _____

Topic: _____

Presenter(s): _____

d) Date and Time: _____

Number of Hours: _____

Topic: _____

Presenter(s): _____

e) Date and Time: _____

Number of Hours: _____

Topic: _____

Presenter(s): _____

