

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): _____
