

Proposal form for continuing education course

IDENTIFICATION OF TRAINER

Family name:

First name:

Email:

Affiliation:

Expected length of training course:

Preferred month:

Preferred day:

Maximum number of participants:

Intended recipients of training course:

SUMMARY OF TRAINING COURSE

Title:

Description (max. 250 words):

FIVE BIBLIOGRAPHIC REFERENCES

LEARNING OBJECTIVES

ACADEMIC APPROACHES

TRAINING PLAN

Declaration of conflict of interest

Is there an actual, potential, or apparent conflict of interest? yes no

If yes, specify:

Note that *“the declaration of actual or potential conflicts of interest must be made verbally and supported by a detailed slide shown to the participants before beginning the presentation”* (excerpt from CPASS newsletter, 2012, p. 7). A formal written declaration must also be submitted prior to giving the training course (*“Disclosure of potential conflict of interest,”* form, Faculty of Medicine, Continuing Education department).

Do you give permission for your training course to be webcast? yes no

Materials required for your training course (photocopies, clickers, etc.)