

Directions: Please complete the entire form (type or print clearly), and submit the form and payment to Sonography Canada. Please allow 4-6 weeks for processing.

Application Type:

- ☐ NEW APPLICATION
- ☐ RENEWAL – please include existing or previous Sonography Canada CME/CPD File #

Company Name:

Chapter or Corporate Number:

(All others must pay the non-member fee)

Mailing Address:

City:

Province:

Postal Code:

Applicant Name:

Program Coordinator:

Phone:

Ext. #

Email:

Title of Educational Activity:

Date(s) of Activity

Start Date: ___/___/___/
D M Y

End Date: ___/___/___/
D M Y

CPD Activity (Select one category only)	Processing Fee		Number of CPD Credits Requested	Additional Review Fee		TOTAL
	Member	Non-member		Per Credit Hour Requested	Per credit Requested	
<input type="checkbox"/> Clinical Preceptor	\$100	\$150	8	N/A	\$ 0	\$
<input type="checkbox"/> CCSA Assessor	\$100	\$150	3	N/A	\$ 0	\$

Study Groups / Rounds / Journal Clubs

<input type="checkbox"/> up to 24 credits per year	\$100	\$175		N/A	\$ 0	\$
<input type="checkbox"/> 25 to 52 credits per year	\$175	\$275		N/A	\$ 0	\$

Seminar / Conference / Course / Workshop

<input type="checkbox"/> Single offering (up to 8 credits)	\$125	\$200		N/A	\$ 0	\$
<input type="checkbox"/> Single offering (9-16 credits)	\$150	\$225		N/A	\$ 0	\$
<input type="checkbox"/> Single offering (17 or more)	\$175	\$250		N/A	\$ 0	\$
<input type="checkbox"/> Multiple offerings	\$200	\$300		N/A	\$ 0	\$

Self-Instructional

<input type="checkbox"/> DVD/Online video/webinar/other	\$100	\$175		\$5 / hour	\$	\$
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Taxes are applicable to ALL above charges:

BC 7% PST+ 5% GST MB 8% PST + 5% GST ON 13% HST
AB, SK, QC, NT, YT 5% GST NS, NL, NB, PE 15% HST

Taxe(s):

Total with Taxes Included:

The following documentation must be submitted for all activities requiring CPD approval:

- ☐ **Seminar/Conference:** Agenda and/or conference program **Note:** Abstracts may be requested
- ☐ **Study Group / Rounds:** Speakers and credentials/topic(s) including frequency and length
- ☐ **Self-instructional:** Outline of course(s) and duration of activity

If you wish to submit completed application with payment by email, please send it to:

rcarroll@sonographycanada.ca

If you wish to have your event posted on our website, please submit a short description by email to

bbresee@sonographycanada.ca

Sonography Based (SB)

- ### Relevant to Practice (RP)

- | PAYMENT INFORMATION | |
|--|---|
| <input type="checkbox"/> Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted) | |
| <input type="checkbox"/> Money Order | |
| <input type="checkbox"/> MasterCard | |
| <input type="checkbox"/> VISA | |
| Amount: | |
| Credit Card Number:

- - - | Expiry Date: <u> </u> / <u> </u> / <u> </u>
M / Y |
| Name as it Appears on Credit Card: | Signature of Cardholder: |
| | |

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