

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: Pr		Province:			Postal Code:				
Applicant Name: Progra			m Coordinator:						
Phone: Ext. #			Email:						
Title of Educational Activity:									
Date(s) of Activity Start Date:// // End Date:// //									
	Process	Processing Fee Member Non- member		Number	Additional	Additional Review Fee			
CPD Activity (Select one category only)	Member			of CPD Credits Requested	Per Credit Hour d Requested	Per credit Requested	TOTAL		
☐ Clinical Preceptor	\$100	\$	150	8	N/A	\$ 0	\$		
☐ CCSA Assessor	\$100	\$	150	3	N/A	\$ 0	\$		
Study Groups / Rounds /Journal Clubs									
up to 24 credits per year	\$100	\$175			N/A	\$ 0	\$		
25 to 52 credits per year	\$175	\$275			N/A	\$ 0	\$		
Seminar / Conference / Course / Workshop									
☐ Single offering (up to 8 credits)	\$125		200		N/A	\$ 0	\$		
☐ Single offering (9-16 credits)	\$150		5225		N/A	\$ 0	\$		
☐ Single offering (17 or more)	\$175		250		N/A	\$ 0	\$		
☐ Multiple offerings	\$200	\$	300		N/A	\$ 0	\$		
Self-Instructional	¢100	4	·17E		¢Ε / bour	T &	\$		
						\$			
Taxes are applicable to ALL above charges: BC 7% PST+ 5% GST MB 8% PST + 5% GST ON 13% HST						Taxe(s):			
AB, SK, QC, NT, YT 5% GST NS, NL, NB, PE 15% HST 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



Two different types of credits, **Sonography Based** and **Relevant to Practice**, will be awarded at rate of 1 per hour or less than 1 hour at 0.25 credits per 15-minute interval. The type of credits awarded will depend on activity content. CPD activity certificates must state how many of each type of credits were received.

Sonography Based (SB)

- Must directly involve the practice of sonography.
- Must enrich the member in a direct way by improving sonography knowledge, performance and competency to directly improve patient care.

Relevant to Practice (RP)

- Not sonography based but enhance professional practice.
- These activities enable the member to expand and improve their knowledge, skills and inter-professional relationships, promoting and enhancing the profession of diagnostic medical sonography and ultimately enhancing patient care.

PAYMENT INFORMATION					
Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted)					
Money Order					
MasterCard					
UVISA VISA					
Amount:					
Credit Card Number:	Expiry Date: / / / M / Y				
Name as it Appears on Credit Card:	Signature of Cardholder:				

Please mail or fax completed application with payment to:

PO Box 1220, Kemptville, ON K0G 1J0
Toll Free Phone: 1-888-273-6746 Toll Free Fax: 1-888-743-2952
reception@sonographycanada.ca www.sonographycanada.ca