

**Continuing Education Credit Approval Program (CECAP)**

**APPLICANT INFORMATION**

Sponsor/Organization:

Contact Name:

Address:

City  Province  Postal Code

Telephone (bus):  Ext.  Email:

Activity Title:

Activity Type (select all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Live Lecture           | <input type="checkbox"/> Live Lecture Renewal  |
| <input type="checkbox"/> Self-Learning Activity | <input type="checkbox"/> Self-Learning Renewal |
| <input type="checkbox"/> Conference/Seminars    | <input type="checkbox"/> MRT week lecture      |

Other (i.e. chart rounds), please indicate:

If offered online, please provide temporary access for review purposes:

Username  Password

Publication/Release Date:  Estimated completion time:

Scheduled Date(s) (if applicable):

- i. Sponsor agrees to submit with this application form a copy of the program, outline, course materials (including all assessments and answer keys), attendance tracking mechanism, and other pertinent information to CAMRT. Material will not be returned to sponsors.
- ii. If the activity is delivered online, temporary access must be provided to the CAMRT for review.
- iii. If the approved credit does not reflect the estimated completion time, the sponsor agrees to pay the difference before approval is issued.

I would like to have this activity posted on the CAMRT CPD Repository:  Yes  No

**Requests for approval must be submitted the minimum number of days prior to the scheduled activity in order to be considered for review.**

A "Request for Approval" form must be submitted for **each activity**. Please review the handbook for details on the CECAP process and requirements. Please note that for a multiple-session activity, like a conference, information is required for each \*session\* in the program. Please provide a detailed program or duplicate this page as required.

Activity Title:

Activity Word Count (if activity is self-learning; do not include titles, appendices, non-mandatory readings, table of contents):

Number of Post Test Questions:

Video Time (if applicable) within course content:

Date(s) (if applicable):

Attendance or program completion will be tracked by:

Learning Objectives:

Speaker or Author/Instructor Credentials (title & professional designations).

I have read and understand the CECAP requirements as outlined in the CAMRT CECAP Handbook.