

## Study Club Registration Form

*At the beginning of each study club year, please fax this registration information to the CRDHA office (780) 440-0544.*

<b>Study Club Name</b>		
<b>Study Club Purpose</b>		
<b>Brief description</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Lectures <input type="checkbox"/> Both		
<b>Contact Person</b>	<b>Name</b>	<b>Phone Number/E-mail</b>
<b>President</b>		
<b>Vice President</b>		
<b>Secretary</b>		
<b>Treasurer</b>		
I (contact person name), _____ give permission to CRDHA staff to provide this contact information to potential study club members. Signed _____ Date _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Format</b>		
<b>Number of meetings per year</b>		
<b>Length of meeting (approximate hours per session)</b>		
<b>Location of meetings</b>		
<b>Membership</b>		
<b>Accepting new members?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Yearly membership fee?</b>		\$

# Study Club

## Continuing Competence Program Credits

*At the beginning of each study club year please complete the following information and provide the necessary documentation. Fax this registration information to the CRDHA office (780) 440-0544.*

Name of Study Club: _____			
Meeting Location(s) of Study Club: _____			
_____			
Date	Course Title	Speaker(s)	Hours <small>Please indicate any significant breaks (eg. 1 hr. lunch)</small>
<p><b>Please provide attachments for the following:</b></p> <ul style="list-style-type: none"> <li>Curriculum Vitae of Speaker(s)</li> <li>Course Content</li> <li>Course Objectives</li> </ul> <p style="text-align: center;"><b>PLEASE BE ADVISED THAT THIS SUBMISSION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO ANTICIPATED COURSE DATE TO ALLOW ADEQUATE TIME FOR THE PRACTICE REVIEW BOARD TO DETERMINE CREDIT HOURS.</b></p>			

