# CTAS Participant Course Request

## Course Lead Instructor

Name: _____ Date Last Taught: _____

## Additional Instructors

Name: _____ Date Last Taught: _____

Name: _____ Date Last Taught: _____

Name: _____ Date Last Taught: _____

## Course Information

☐ I authorize the course information (including instructor email) to be posted to the caep.ca site

Name of host hospital: _____ City: _____

Date of course: _____ Province: _____

I certify that I will make no alterations, additions or eliminations to the CTAS teaching material and understand that all materials are under copyright.

I will submit the **Participant Course Log Sheet** and **Participant Course Funds Report** (along with any fees collected) to CAEP Head Office within 1 week of course completion.

*COURE INSTRUCTORS ARE RESPONSIBLE FOR NOTIFYING CAEP HEAD OFFICE OF ANY COURSE CHANGES (INCLUDING DATE AND VENUE CHANGES)

Lead Instructor Signature: _____

Date: _____

PLEASE SUBMIT via fax (613) 523-0190 or email: ctas@caep.ca

CAEP | Canadian Association of Emergency Physicians
ACMU | Association canadienne des médecins d'urgence
NENA
Canadian Paediatric Society
AMUQ Association des médecins d'urgence du Québec