



**International Society for Prosthetics and Orthotics
Canadian National Society**

**Continuing Education
Program Application**

This application is for Canadian and International professionals and students wishing to pursue continuing education courses, conferences and training sessions with respect to all aspects of care for persons who may benefit from prosthetic, orthotic, mobility and assistive devices.

Full Name:	
Qualifications:	
Home Address:	
Telephone (specify):	
Email:	
Employer:	
Date:	

Please answer the following questions:

1. What is the name of the continuing education opportunity (course, conference, etc.)?

2. Please provide a summary/description of the continuing education opportunity.

3. Please indicate the dates(s) and location.

4. How much is the registration fee?

5. What are estimated travel and accommodation expenses?

6. Please provide an explanation of why/how your attendance will enhance your knowledge/expertise to improve the quality of life for persons who may benefit from prosthetic, orthotic, mobility and assistive technology.

7. Have you secured funding from other sources to attend this education opportunity? If yes, please describe.

Yes, I have secured funding from other sources		No, I have not secured funding from other sources	
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