



CUA Community Urologist Continuing Professional Development (CPD) Grant Program

APPLICATION FORM

SECTION 1 - PERSONAL INFORMATION

Name (in full) Date of Birth

CUA Membership Number Citizenship

Mailing Address

Email Address

Tel. # (work) Tel. # (home) Tel. # (fax)

SECTION 2 - PROPOSAL

Title of Proposed CPD Initiative

Brief Description & Justification of Proposed CPD Initiative

SECTION 3 - AUTHORIZATION

By submitting this application, I agree to respect and follow the regulations that govern this Award, should it be successful.

Date Place

Name of Applicant

APPLICATION CHECKLIST

- 1) Completed application form.
- 2) A letter of intent, not exceeding one (1) page, outlining the proposed CPD initiative and how the CPD activity meets the objective of the grant
- 3) A budget, including detailed list of source(s) for matched funding.
- 4) Curriculum Vitae (Please submit a pdf version of your Common (CHIR) CV)

SUBMISSION PROCESS

Please email all required documents listed in application checklist to:

Bobby Shayegan MD, FRCS(C)
Chair, CPD Committee

c/o

Ms. Marfisa Defrancesco
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