



CUA Community Urologist Continuing Professional Development (CPD) Grant Program

APPLICATION FORM

SECTION 1 – CONTACT INFO

CUA Membership Number:

Name (in full):

Date of birth (YY/MM/DD):

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 (YY/MM/DD):

Place:

Name of Applicant:

APPLICATION CHECKLIST

- 1) 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
- 2) A budget, including detailed list of source(s) for matched funding
- 3) Curriculum Vitae (Please submit a pdf version of your Common (CHIR) CV)

All applications should be emailed to:

Girish Kulkarni, MD, FRCS(C), Chair, CPD Committee, CUA
c/o Tal Erdman

tal.erdman@cua.org