

Continuing Education Program Application

**This application is for medical professionals working
with persons with amputation and limb loss.**

Full name: _____

Qualifications: _____

Home address: _____

Telephone (specify): _____

Email: _____

Employer: _____

Date: _____

Please note that the following questions must be answered in order to be considered.

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

2. Please indicate the date(s) and location.

3. How much is the registration fee?

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

5. Please provide an explanation of why/how your attendance will enhance your knowledge and expertise in treating persons with amputation and limb loss.

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

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

Please return your completed form to the National Amputee Centre.