| **Continuing Education**  **Application Form** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Educational Technology for Health Practitioner Education** | | | | | | |
| **Registration •** | | | | | | |
| **Starting in Year 20** | | | Workshop 1: eLearning Authoring Tools I & II | | | |
| Full Course | | | Workshop 2: mLearning and Social Media | | | |
| \*Please see page 2 for the course and workshop fees | | | Workshop 3: Synchronous eLearning I & II | | | |
| **Personal Details •** | | | | | | |
| Title: | Given Name: | | | | Family Name: | |
| Date of Birth: Day       Month       Year       ­ | | | | Gender: | | |
| Country of Permanent Residence: | | | | | | |
|  | | | | | | |
| Mailing Address: | | | | | | |
| City: | | | State/Province: | | | |
| Postal Code: | | | Country: | | | |
| Email: | | | | | | |
| Home Phone: | | Mobile Phone: | | | | Office Phone: |
|  | | | | | | |
| Permanent Address (*if different than above*): | | | | | | |
| City: | | | Province: | | | |
| Postal Code: | | | Country: | | | |
| **Determination of Fees Status and Eligibility •** | | | | | | | |
| Health profession with specialization if applicable (*e.g.: Doctor-Family Medicine; Midwife; Nurse; etc.)*: | | | | | | | |
| Are you licensed to practice in your profession in your country of primary residence?  Yes |  No | | | | | | | |
| Do you have or do you expect to obtain faculty status within your institution? *(I.e. a formal position educating trainees.)*  Yes |  No | | | | | | | |
| Are you a senior trainee in your healthcare profession?  Yes |  No  **• Please specify** *(e.g., Physician postgraduate Resident; Pharmacist PhD student; etc.):* | | | | | | | |
| Are you a University of Toronto faculty member?  Yes |  No  ***If yes***, which is your department of primary appointment? | | | | | | | |
| **Declaration •** | | | | | | | |
| I agree that all statements I make in this application and all information in any material that will be filed in support hereof are true, correct and complete and all material information will be disclosed. I understand that if the department finds to the contrary, my admission to or registration in the department may be cancelled after notice in writing to me at my home or sessional address.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Name in Print: | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **How did you hear about our programs?** | | |
| Web Search/Social Media | Hospital Professional Development Rep | Employer |
| Advertisement | Conference, Please Specify: | Colleague/friend recommendation |

|  |  |
| --- | --- |
| **Educational Technology for Health Practitioner Education** | |
| **Application Checklist** | |
|  | Application Form |
|  | Current CV |
|  | Letter of Intent *(Brief statement outlining your personal learning objectives to be pursued during the course and how you hope to apply new insights gained in your future practice)* |
| **Course and Workshop Fees** | |
| $3100 | Full course fee for physicians not part of the Department of Family and Community Medicine |
| $2600 | Full course fee for Department of Family and Community Medicine Faculty and non-MD healthcare professionals |
| $500 | Workshop fee: eLearning Authoring Tools I & II OR Synchronous eLearning I & II |
| $300 | Workshop Fee: mLearning and Social Media |

|  |
| --- |
| **Please submit your application documents to: familymed.grad@utoronto.ca** |
| Thank you for your interest in our programs. |
|  |