

Application for Course Endorsement

1. PROVIDER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

CONTACT NAME (if provider is a corporation): _____

2. PROGRAM INFORMATION

START DATE: _____

END DATE: _____

TIME: _____

LOCATION: _____

FEE FOR ATTENDANCE: _____

MAXIMUM PARTICIPANT ATTENDANCE: _____

CRITERIA FOR PARTICIPANT ATTENDANCE:

3. COURSE INFORMATION

EDUCATIONAL OBJECTIVE: _____

TEACHING METHODS (CHECK ALL THAT APPLY):

- LECTURE
- SLIDES/POWERPOINT
- GROUP DISCUSSION
- LIVE DEMONSTRATION
- OTHER: _____

DESCRIBE THE OPPORTUNITY FOR ATTENDEE PARTICIPATION AND DISCUSSION:

WILL A PARTICULAR PRODUCT OR BRAND OF PRODUCTS BE DISCUSSED IN THE PROGRAM?

- YES
- NO

If you checked "YES", does the course provider or any presenter have a financial interest in the company or sales of the product?

- YES
- NO

WILL A PRODUCT OR BRAND OF PRODUCTS BE OFFERED FOR SALE AT THE PROGRAM?

- YES
- NO

4. PRESENTER INFORMATION

NAME OF EACH PRESENTER:

- 1: _____
- 2: _____
- 3: _____

5. SUPPORTING MATERIALS

PLEASE ATTACH TO THE FOLLOWING APPLICATION:

1. ABSTRACT OR SYNOPSIS OF COURSE (maximum 200 words)
2. COURSE AGENDA OR OUTLINE (Please specify with detail, time spent on each topic)
3. RESUME OF EACH PRESENTER
4. COURSE POSTING FOR THE OAO WEBSITE (If different then the synopsis provided above; 1-2 sentences)
5. SAMPLE CERTIFICATE OF ATTENDANCE
6. SIGNED TERMS AND CONDITIONS (See accompanying document)
7. NON-REFUNDABLE FEE FOR SUBMITTING APPLICATION: \$ 39.55 (\$35.00 + \$4.55 HST).
Make your cheque payable to "OAO".

**Submit all documents to our head office address:
OAO – Attn: Education Committee
2219-160 Tycos Drive, Toronto, ON M6B 1W8
Or by email to education@osteopathyontario.org
(with payment following promptly by mail)**

THE OAO AGREES TO REVIEW THE APPLICATION WITHIN 60 DAYS OF RECEIPT