

Instructions:

Section A and **Section B** are mandatory fields.

Section C is mandatory ONLY for courses applying for Tax Receipt eligibility.

Section A: HOST DETAILS

Course Host (Division/Section): Orthopaedic Division

Contact Name for Event: Colleen Dorion

Phone: (613)601-1570 _____ Email: cdorion@physiotherapy.ca

Contact Name for Registration: Colleen Dorion

Contact Email for Registration: Cdorion@physiotherapy.ca

URL for Registration AND/OR Course Information:

<https://cpa.embodiaacademy.com/webinars/795-evidence-based-management-and-healing-of-anterior-cruciate-ligament-rupture>

Section B: COURSE DETAILS

Course Title: Evidence Based Management and Healing of Anterior Cruciate Ligament Rupture

Instructor(s): Dr. Steph Filbray

Course Date: Monday May 29th, 2023

Course Time: 6:00pm EST

Registration Fees:

(Please include the applicable HST/GST in the Fee: i.e. Registration Fee+HST/GST)

OD Members: FREE

CPA Members: \$10 + tax

NON-Members: \$20 + tax

Anticipated number of Registrants: 500

Will the course include physical contact between Instructors, live models or Registrants?

YES NO

If yes, please describe:

Section C: TAX RECEIPT APPLICATION

Fill this section in **ONLY** if this course is (1) new, or (2) has not previously been hosted by a component group of CPA within the past 3 years. Note: Courses shorter than 4 hours in duration or for which registration fees are less than \$100 are not eligible for Tax Receipts.

Course Objectives: _____

Course Description: _____

Course Instructor(s) Bio(s): _____

Format of Session: _____

PLEASE FORWARD TO:

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