

Office of CME & PD
Accreditation Application Fee Payment Form



APPLICANT INFORMATION (receipt will be mailed to this address)

First and Last name: _____ Phone: _____
 Email: _____
 Mailing Address: _____ City: _____
 Province/State: _____ Postal Code/ZIP: _____

PROGRAM INFORMATION

Name of Program _____
 Date(s) of Event _____

PAYMENT INFORMATION (please check the applicable fee payment)

	University of Calgary Physician Organization	Non-University of Calgary Physician Organization
RCPCSC MOC Section 1 Application		
No sponsorship funding	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$600.00
Sponsorship funded*	<input type="checkbox"/> \$650.00	<input type="checkbox"/> \$850.00
RCPCSC MOC Section 3 Application		
No sponsorship funding	<input type="checkbox"/> \$700.00	<input type="checkbox"/> \$900.00
Sponsorship funded*	<input type="checkbox"/> \$950.00	<input type="checkbox"/> \$1150.00
Does this MOC 3 Program have modules? Yes <input type="checkbox"/> # of modules: _____ x \$50 = \$ _____ (maximum \$200).		
CFPC Mainpro+ One-credit-per-hour Application (University of Calgary applicants only)		
No sponsorship funding	<input type="checkbox"/> \$550.00	n/a
Sponsorship funded*	<input type="checkbox"/> \$850.00	n/a

* Sponsorship funding includes monies received from an individual, group, for-profit and/or not-for-profit corporation

LATE APPLICATION FEE

\$250.00 Late Fee for application received within 2-6 weeks of the date of the event

ADDITIONAL FEE PAYMENT FOR COMPLEX APPLICATIONS

If extra time for review is required, you will be contacted for an additional fee \$ _____

METHOD OF PAYMENT (please check one)

Cheque - Payable to The University of Calgary

University of Calgary IDB

Fund	Dept. ID	Account	Program	Project	Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AMEX Visa MasterCard

Card Number Expiry (MM/YY)

Name of Card Holder

Signature

The University of Calgary does not accept and will not process credit card information sent through email or phone.

Fax this fee payment form to our confidential fax line (403) 270-2330. All other application documentation must be sent by e-mail to cme@ucalgary.ca.

Please note that fees are not refunded for applications not approved or withdrawn after submission.

Mailing Address: Office of CME & PD
 TRW Building, 3280 Hospital Drive NW
 Calgary AB T2M 4Z6

Fee Payment Form Fax: (403) 270-2330
 Application E-mail: cme@ucalgary.ca