

**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
<b>RCPCSC MOC Section 1 Application</b>		
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
<b>RCPCSC MOC Section 3 Application</b>		
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).		
<b>CFPC Mainpro+ One-credit-per-hour Application (University of Calgary applicants only)</b>		
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)**

**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](mailto: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Please note that fees are not refunded for applications not approved or withdrawn after submission.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](mailto:cme@ucalgary.ca)