

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 |
|--|---|---|
| RCPSC MOC Section 1 Application | | |
| No sponsorship funding | <input type="checkbox"/> \$600.00 | <input type="checkbox"/> \$800.00 |
| Sponsorship funded* | <input type="checkbox"/> \$850.00 | <input type="checkbox"/> \$1,200.00 |
| RCPSC MOC Section 3 Application | | |
| No sponsorship funding | <input type="checkbox"/> \$950.00 | <input type="checkbox"/> \$1,200.00 |
| Sponsorship funded* | <input type="checkbox"/> \$1,200.00 | <input type="checkbox"/> \$1,500.00 |
| Does this MOC 3 Program have modules? Yes <input type="checkbox"/> # of modules: _____ x \$50 = \$ _____ | | |
| <input type="checkbox"/> \$50 per module accredited with separate RCPSC ID# | | <input type="checkbox"/> \$150 per module when added after accreditation start date |
| CFPC Mainpro+ One-credit-per-hour Application (University of Calgary applicants only) | | |
| No sponsorship funding | <input type="checkbox"/> \$650.00 | n/a |
| Sponsorship funded* | <input type="checkbox"/> \$950.00 | n/a |

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

LATE APPLICATION FEE

\$300.00 Late Fee applies for application received within 6 weeks of the date of the activity. MOC 1 received within three weeks and MOC 3 received within four weeks of the activity will not be accepted.

ADDITIONAL FEE PAYMENT FOR COMPLEX APPLICATIONS

\$100 per day for activities 2 or more days. How many days is your activity? _____
 \$50 per sponsorship 5 or more. How many sponsors? _____ \$50 for learning objectives submitted after accredited

METHOD OF PAYMENT (please check one)

University of Calgary IDB: Name of Account holder authorizing IDB: _____
 Signature of account holder: _____

| 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"/> |

Credit Card

Provide the name and email of the person to receive the payment link to pay via credit card:

Name of Payee _____
 Email of Payee _____

Email Fee Payment Form to cme.accredit@ucalgary.ca. The University of Calgary does not accept and will not process credit card information sent by email or phone. Fees are not refunded for applications not approved or withdrawn after submission.