Print

The War Amps

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Continuing Education Program Application

This application is for medical professionals working with persons with amputation and limb loss. Information collected may be processed by a third-party service provider.

Full name: _____

Qualifications: _____

Home address: _____

_____

Tel. (specify): _____

Email: _____

Employer: _____

Date: _____

Please note that the following questions must be answered in order to be considered.

1. What is the name of the continuing education opportunity (course, conference, etc.)?

_____

_____

2. Please indicate the date(s) and location.

_____

_____

3. How much is the registration fee?

_____

_____

April 2020

4. Please provide a summary/description of the continuing education opportunity.

5. Please provide an explanation of why/how your attendance will enhance your knowledge and expertise in treating persons with amputation and limb loss.

6. Have you secured funding from other sources to attend this continuing education opportunity? If yes, please describe.

- ☐ Yes, I have secured funding from other sources.
- ☐ No, I have not secured funding from other sources.

Please return your completed form to The War Amps.