



**Canadian  
Cardiovascular  
Society**

*Leadership. Knowledge. Community.*

**Société  
canadienne  
de cardiologie**

*Communauté. Connaissances. Leadership*

## **ACCREDITED PROGRAM LETTER OF PROPOSAL**

Please complete this Letter of Proposal and submit to the CCS prior to developing your educational activity.

The CCS Continuing Professional Development Committee will review the letter of proposal to determine if the activity meets the CCS' standard of quality CPD and the identified learning needs of CCS's target audiences.

Please ensure that you have read the "National Standard of Support for Accredited CPD Activities" prior to submitting this Letter of Proposal. All educational programs must align with this standard to be eligible for Section 1 or 3 accreditation.

The CCS can accept suggestions from all sources regarding the development of this program, but the final decisions lie within the planning committee.

Should the CCS agree to the proposal, an appropriate planning committee Chair will be chosen and a CCS Representative will be assigned to sit on the planning committee.

Please return the form and forward any questions to:

Email: [cpd@ccs.ca](mailto:cpd@ccs.ca)

Phone: 877/613-569-3407 ext. 410



**Canadian  
Cardiovascular  
Society**

*Leadership. Knowledge. Community.*

**Société  
canadienne  
de cardiologie**

*Communauté. Connaissances. Leadership*

## Proposed Educational Program Information:

**What type of credits are you seeking:**

Section 1 Group Learning

Section 3 Self-Assessment

**Proposed title of the educational activity:**

**Proposed date(s) of the proposed educational activity:**

**Proposed location of the educational activity:**

**Name of principal contact person:**

**Email:**

**Phone:**

**Organization name:**

**Mailing address:**

**List all sponsors supporting this educational activity:**



**Do you have a preferred medical education firm that you use for the development of your educational programs?**

No

Yes. If so, please list the name of the company:

**Who comprises the target audience for this activity? Indicate specific specialties, and if applicable, other allied health professionals for whom the educational activity is intended. Each member of the target audience must be represented on the Planning Committee.**


**Please indicate if you have any suggestions for planning committee members.**


**Please indicate the proposed honoraria amounts for the following recipients:**

Planning Committee Chair: \$

Planning Committee Members: \$

Presenters: \$



**Canadian  
Cardiovascular  
Society**

*Leadership. Knowledge. Community.*

**Société  
canadienne  
de cardiologie**

*Communauté. Connaissances. Leadership.*

**Please provide a brief description of the program format:**

**Please describe the educational needs that the activity addresses:**

**Please list all commercial drug(s) or product(s) that will be discussed in your educational activity:**

**Please provide the following documentation to support this request for accreditation:**

- Proposed budget for the educational activity
- Copy of a preliminary needs assessment