

CAMRT'S CPD Repository REQUEST FOR POSTING A DISTANCE LEARNING ACTIVITY

SPONSOR INFORMATION	
Sponsor/Organization:	
Contact Name:	Email:
ACTIVITY INFORMATION	
Activity Title:	
Activity Description (Maximum 75 words):	
Activity Start Date: Location (if applicable):	
Contact Email:	Activity URL:
PAYMENT INFORMATION	
Fees are in Canadian funds and are subject to change without notice.	Payment Please contact repository@camrt.ca to arrange payment.
Activities x \$20* = \$	
Provincial Organization = No cost	
CECAP sponsor = No cost	

CANADIAN ASSOCIATION OF MEDICAL RADIATION TECHNOLOGISTS / ASSOCIATION CANADIENNE DES TECHNOLOGUES EN RADIATION MÉDICALE



CPD REPOSITORY FILTERS

Select Activity Disciplines (select all that apply)	
☐ Magnetic Reso☐ Nuclear Medio☐ Radiation The☐ Radiological T☐ Sonography	ine rapy
Select Areas of	f Interest (select all that apply):
☐ Breast Imagin	g
☐ Cancer Care	
□ CT	
□ Dosimetry	
□ Educators	
☐ Interventional	
☐ Leadership/Ma	
☐ Magnetic Reso	
	and Management
□ PET/CT	
Has this activity	been approved for Category A credit by the CAMRT's Credit Approval Program?
□ YES	□NO
If not, has this a	ctivity been approved for Category A credit by another organization?
□ YES	□NO
Is activity free o	f charge?
☐ YES	□NO