

CAMRT's CPD Repository  
REQUEST FOR POSTING A LIVE ACTIVITY

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**SPONSOR INFORMATION**

Sponsor/Organization:

Contact Name:  Email:

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**ACTIVITY INFORMATION**

Activity Title:

**Activity Description** (Maximum 75 words):

Activity Start Date:  End date:  Location (if applicable):

Contact Email:  Activity URL:

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**PAYMENT INFORMATION**

*Fees are in Canadian funds and are subject to change without notice.*

Activities x \$15 = \$

Provincial Organization = No cost

CECAP sponsor = No cost

**Payment**

Please contact repository@camrt.ca to arrange payment.

## **CPD REPOSITORY FILTERS**

### **Select Activity Disciplines** *(select all that apply)*

- ☐ Magnetic Resonance
- ☐ Nuclear Medicine
- ☐ Radiation Therapy
- ☐ Radiological Technology
- ☐ Sonography

### **Select Activity Type:**

<input type="radio"/> Certificate Program		
<input type="radio"/> Live	<input type="checkbox"/> Conferences	<input type="checkbox"/> Lectures
<input type="radio"/> Webinar	<input type="checkbox"/> Live	<input type="checkbox"/> Recorded
<input type="radio"/> Workshop	<input type="checkbox"/> Hands on	<input type="checkbox"/> How to

### **Select Areas of Interest** *(select all that apply):*

- ☐ Breast Imaging
- ☐ Cancer Care
- ☐ CT
- ☐ Dosimetry
- ☐ Educators
- ☐ Interventional Radiology
- ☐ Leadership/Management
- ☐ Magnetic Resonance
- ☐ Patient Safety 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 activity been approved for Category A credit by another organization?

- ☐ YES      ☐ NO

Is activity free of charge?

- ☐ YES      ☐ NO