

APPLICATION FORM
Continuing Education Bursary

Demographic Information:

Name of Applicant: _____

Address of Applicant: _____

Are you applying for the first time? Yes / No

Phone: _____ Email: _____

CPA #: _____ LOU Member: Yes / No

Primary Practice Location: _____

1. Proposed Continuing Education Course Title, Instructor, Dates and Objectives:

2. Please describe how this continuing education opportunity will affect your clinical practice:

Signature: _____ Date: _____

APPLICATION FORM
Outreach Education Bursary

Demographic Information:

Name of Applicant: _____

Address of Applicant: _____

Are you applying for the first time? Yes / No

Phone: _____ Email: _____

CPA #: _____ LOU Member: Yes / No _____

Primary Practice

Location: _____

1. Continuing Education Course, Instructor, Dates:

2. Please describe how this Bursary will assist with costs associated with this course:

3. Please describe how this continuing education opportunity will affect your clinical practice:

Signature: _____ Date: _____