



Educational Grant Application Form

Hands-on Training

Module #1 Facial Anatomy and Neuromodulators for the Upper Face
Module #2 Anesthesia of the Face and Dermal Fillers

Please complete the form below for consideration for an educational grant in the amount of \$1,000.00 CAD to be used towards the CAAM Hands-on Training (i.e. registration fee, travel, and/or accommodation) for Module #1 and Module #2. Please ensure to complete all fields that are applicable to you. Any questions, please contact the CAAM office at (604) 239-CAAM (2226) or email info@caam.ca

Name	Surname	Credentials
Specialty	Practice/Clinic Name	
Address		City
Province/Territory		Postal
Tel	Email	Website

Requirements and Criteria to be eligible for the Hands-on Training Educational Grant.
Please circle YES or NO to answer the below questions.

I am a member in good standing with the Canadian Association of Aesthetic Medicine (CAAM)	YES	NO
I am a member in good standing with my Provincial College of Physicians and Surgeons.	YES	NO
Are you a Resident Member of CAAM?	*YES	NO
<i>*If answered yes, I acknowledge that I am currently registered in a Canadian Residency Program and agree to submit documentation with my application i.e. letter from director.</i>	YES	NO
I agree to submit a brief CV with my application.	YES	NO

Please tell us why you would like to practice Aesthetic Medicine and provide an explanation on why you should be considered to receive an educational grant.

Terms of Service

I accept the Terms of Service of my educational grant application submitted to the CAAM office for consideration.

By signing the below, I understand that if I am approved for an educational grant, I am required to purchase and register for the six academic modules that are available in the Members Area on the CAAM website in order to qualify and be eligible for an educational grant towards the hands-on training modules. I also acknowledge that I am required to register and pay for the hands-on training and that the grant may be used towards the registration fee, travel, and/or accommodation.

_____ Name (Print)	_____ Signature	_____ Date
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