



CAAM PRECEPTORSHIP PROGRAM Educational Grant Application Form

Please complete the form below for consideration for an educational grant in the amount of up to \$1,000.00 CAD to be used towards the CAAM Preceptorship Program (i.e. registration fee, travel, and/or accommodation). 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; info@congressworld.ca

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

Requirements and Criteria to be eligible for the Preceptorship 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. a letter from a director.</i>	YES	NO
Applicants must demonstrate that they will be actively engaged in the aesthetic medicine field with a minimum of 10 hours per week.	YES	NO
New to Aesthetic Medicine and have been practicing aesthetic medicine for less than 5 years.	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 Term 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 register and pay for the Preceptorship Program as the educational grant allocation will depend on the merits of my application and total number of grants available. I understand that the grant may be used towards the registration fee, travel, and/or accommodation.

Name (Print)

Signature

Date