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**Co-developed Learning Activity Sessions**

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| Organization |       |
| Contact name |       | Position |       |
| Address |       | City  |       |
| Province/Territory |       | Postal code  |       |
| E-mail |       | Telephone |       |
| Session notes  |       |
|  |

**Detailed Proposal**

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| All proposals must be submitted to **secretariat@cic-cci.ca**and received by**17:00 (ET) on Thursday 25 August 2022** |
| **Prescribing demographic** | [ ]  Paediatric  | [ ]  Adult |
| **Proposed title** |       |
| **Session description** (maximum 150 words) |       |
| **Learning objectives**At the end of this session, participants will be able to |                 |
| **Learning needs** Describe how the learning needs of the target audience determined |       |
| **Proposed faculty** List up to three proposed faculty and their affiliations |                 |
| **Proposed faculty contact** Indicate the e-mail/phone for the proposed faculty | E-mail |       | Phone |       |
| E-mail |       | Phone |       |
| E-mail |       | Phone |       |