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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 [**cic-cci@cpha.ca**](mailto:cic-cci@cpha.ca)and received by  **17:00 (ET) Tuesday 9 July 2024** | | | | | |
| **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 |  |

I have read and acknowledge all additional fees associated with the [Co-Developed Learning Activities](https://www.cpha.ca/cic2024-co-developed-learning-activities).