



Potpourri of Emergency Medicine Registration Form

PLEASE PRINT

Name: _____

Profession: Family Doctor Specialist RN RT Paramedic
Other

Address: _____

Work Phone: (____) _____

Home Phone: (____) _____

Email: _____

Please select one Simulation/Workshop Station:

Airway Management Workshop

Pediatric Emergencies Simulation Station

Adult Emergencies Simulation Station

REGISTRATION FEE:

\$100 - Physician

\$50 - Nurse, Paramedic & Other

CHEQUES Payable To: Emergency Medicine Education

MAIL PAYMENT AND REGISTRATION FORM TO:

25 Bay Street - Antigonish, NS - B2G 2G5

Attention: Dr. Karen MacDonald

Please email us for any comments or concerns at potpourriem@gmail.com

This one-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Dalhousie University Continuing Professional Develop CPD for up to ____ MAINPRO + credits. As an accredited provider, Dalhousie University, CPD, designates this continuing professional development activity for up to ____ credit hours as an accredited group learning Section 1 activity as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

**Educationally cosponsored by Dalhousie University Continuing Professional development
(6 CPD Credits)**