

## Request Form for Co-development of CPD Activity

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Physician(s) or Organization:

Is this a Section 1: Group Learning Activity or Section 3: Self-Assessment Program or Simulation Activity or Other?

Section 1

Section 3

Other

If Other, please describe:

Who is the anticipated target audience?

### **Activity overview**

Please provide a description of the CPD activity you would like to co-develop with the COS

### **Activity timeline**

Please describe your anticipated delivery timeline. Will this activity be offered more than once throughout the year? If yes, describe why and how?

### **Activity needs assessment**

Does this activity address a specific gap in knowledge, skills, attitude or performance? If yes, please describe.

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What sources of information were used to identify the gaps in knowledge, skills, attitude or performance listed above?

Which CanMEDs roles are applicable to this activity?

Please describe the financial resources required for the delivery of this activity. Please describe the anticipated cost of this activity and describe where you anticipate funding to come from.

Please describe the content development required and who should complete this content development.

Please return this form to the COS:

**Attention:** Manager, Continuing Professional Development  
Mail: 110-2733 Lancaster Rd. Ottawa, ON K1B 0A9  
Email: [education@cos-sco.ca](mailto:education@cos-sco.ca)  
Phone: 613-729-6779 x. 223  
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