

McMaster University
Medical Centre

1200 Main Street, Hamilton ON

This one time program is repeated
on the third Wednesday of each
of the following months from
08:00am – 12:00pm:

September 16, 2009	2J40A MUMC
October 21, 2009	2J40A MUMC
November 18, 2009	2J40A MUMC
December 16, 2009	2J40A MUMC
January 20, 2010	4N55A MUMC
February 17, 2010	4N55A MUMC
March 17, 2010	4N55A MUMC
April 21, 2010	4N55A MUMC
May 19, 2010	4N55A MUMC
June 16, 2010	4N55A MUMC

For More Information

ROSE GALANO

Continuing Health Sciences Education
Phone: 905-525-9140 ext. 22671
Fax: 905-572-7099
Email: galanor@mcmaster.ca

www.fhs.mcmaster.ca/conted

Target Audience

All Health Professional Researchers
that implement CLINICAL TRIALS:

- Physicians
- Residents
- Interns
- Nurses
- RN(EC)'s
- IMGs
- All interested Health Professionals

Good Clinical Practice Training

2009/2010 Courses

PROGRAM OBJECTIVES

This one time program is specifically designed for Investigators in clinical trials, and is based on the principles of the International Conference on Harmonization Guidelines for Good Clinical Practice (ICH-GCP). The workshop is interactive using multi-media and relevant material and references will be supplied. The instructors are seasoned researchers with first-hand experience in all aspects of clinical trials.

STUDY CREDITS

As an organization accredited to sponsor Continuing Medical Education for Physicians, by both the Committee on Accreditation of Canadian Medical Schools and the Accreditation Council for Continuing Medical Education of the United States, Continuing Health Sciences Education, McMaster University designates this educational program as meeting the criteria for:

The Royal College of Family Physicians of Canada

This educational event is approved as an Accredited Group Learning Activity under Section 1 of the Framework of CPD options for the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada, for a maximum of 4 credits per participant. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

FEE SCHEDULE

Physicians	\$300.00
Nurses/Other Health Care Providers/Med Students:	\$250.00
Students and Residents:	\$200.00

CANCELLATION POLICY

McMaster University reserves the right to cancel a course due to insufficient registration or circumstances beyond our control.

Cancellations 3 weeks of course date will be refunded minus a 50% administration fee.

No refunds will be issued for cancellation within 2 weeks of the course date.

One transfer is permitted with a \$100.00 fee at time of transfer.

Registration Form

Good Clinical Practice Training 2009/2010 Workshops

I **CONSENT** to having my name, address and email added to the CHSE mailing database for upcoming CME opportunities Yes No

I **CONSENT** to having my name appear on a published registrant list. Yes No

Dr. Mr. Mrs. Miss. Ms.

Surname

Given

Profession: GP Spec Res RN RN (EC) RPN IMG OT/PT Pharm Other Specify

Address

City Province Postal Code

Area Code Phone - Area Code Fax -

Email

Payment By: Visa M/C AMEX CHEQUE Pls make cheque payable to "McMaster University"

CARD NUMBER

Expiry: Month Year Signature

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In keeping with accreditation guidelines, speakers and planning committee members participating in this event have been asked to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material. Disclosure may be done verbally or using a slide prior to the speaker's presentation.

LIABILITY

Continuing Health Sciences Education (CHSE) hereby assumes no liability for any claims, personal injury, or damage:

- To any individual attending this conference.
- That may result from the use of technologies, program, products and/or services at this conference.
- That may arise out of, or during this conference.

Please indicate which dates you are registering for:

- Sept 16, 2009
- Oct 21, 2009
- Nov 18, 2009
- Dec 16, 2009

- Jan 20, 2010
- Feb 17, 2010
- Mar 17, 2010
- Apr 21, 2010
- May 19, 2010
- Jun 16, 2010

REGISTER ONLINE www.fhs.mcmaster.ca/conted

REGISTER BY PHONE

Call 905 525-9140 ext 22671
(Visa, MasterCard or AMEX are accepted)

REGISTER BY FAX

Fax a completed registration form with a Visa, MasterCard or AMEX number to: 905 572-7099

REGISTER IN PERSON

Bring your completed registration form with Visa, MasterCard, AMEX, cheque or cash payment to the Continuing Health Sciences Education MDCL 3510 office, Monday to Friday between the hours of 9:30 am – 4:00 pm

MAILING ADDRESS:

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FOR MORE INFORMATION

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information on this form is collected under the authority of the McMaster University Act, 1976. The information will be used for administrative purposes, including: your registration in the course; preparation of course materials for your use and to notify you of other courses or pertinent information. Financial information will be used to process applicable fees and will be retained for future reference. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210 McMaster University.