



CAAM PRECEPTORSHIP PROGRAM | REGISTRATION FORM

The CAAM Preceptorship Program provides CAAM members with the opportunity to spend office time with board approved preceptor physicians that have established Aesthetic Medical practices in Canada. Shadowing a colleague in their practice allows CAAM members to be exposed to an environment where much can be learnt.

Please complete the form below to register for the CAAM Preceptorship Program. Please ensure to complete all fields that are applicable to you. Any questions, please contact the CAAM office at (604) 239-CAAM (2226) or by email info@caam.ca

Name	Surname	Credentials
Specialty	Practice/Clinic Name	
Address		City
Province/Territory		Postal
Tel	Email	Website

Please check the below box to indicate your acknowledgement of the CAAM Preceptorship Program fee:

() FEE: **\$2,250.00 CAD PAYABLE TO CAAM**

Please indicate your preference of the physician you wish to do the preceptorship with.

Dr. Julia Carroll (Toronto), Dr. Jaggi Rao (Edmonton), Dr. Renier van Aardt (Halifax)

1. _____
2. _____
3. _____

Please indicate if you prefer one full day or two half days: _____

Please indicate which areas of aesthetic practice that you are interested in:

- () Injectables: Neuromodulators, Dermal Fillers (ie. Hyaluronic Acid, Sculptura, Radiesse)
- () Lasers and Light Based Therapy
- () Body Contouring
- () Minor Surgical Procedures
- () Microdermabrasion, Cosmeceuticals, and Chemical Peels
- () Office Practice Management
- () Consultation Process with Patient



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Please check to indicate that you meet the required criteria:

- I am a member in good standing with the Canadian Association of Aesthetic Medicine (CAAM)
- I am a member in good standing with my Provincial College of Physicians and Surgeons

Terms of Service - Please check to indicate that you accept the terms of service:

By completing this form and sending to CAAM:

- I understand that placement with my chosen preceptor is not guaranteed.
- I agree that CAAM has no responsibility in managing the preceptor/preceptee relationship beyond the assignment agreed upon with the CAAM Preceptorship Program.
- If my preceptor and I mutually agree to continue the relationship beyond the CAAM Preceptorship Program assignment, I will consent to any request by my preceptor at any point to terminate the relationship.
- I accept the Term of Service of my registration for the CAAM Preceptorship Program.
Cancellation and Refund Policy: If you request a cancellation up to 90 days before the start date of your preceptorship program, a refund will be issued, less a processing fee of CAD \$150.00 per person. Cancellation must be received in writing at the CAAM office.

Calculation of Registration Fee:

Subtotal of all fees: \$ _____ . _____

GST @ 5% (87018 2607 RT0001): \$ _____ . _____

Total: \$ _____ . _____

Method of Payment:

Send a cheque made payable to "CAAM" to the mailing address listed above. Please ensure to include a copy of your registration with payment. Or complete the following to pay by credit card and send to fax (604) 929-0871.

Name on card _____ Signature _____

Visa MasterCard Credit Card charges will appear as "CongressWorld" on your statement .

Security Code _____ Expiry Date _____ / _____
(3 or 4 digit code on the back)