



Speaker's Bureau Request Form

Contact Information

First name:

Last name:

Email address:

Work phone number:

Organization:

City:

Presentation Information

Requested date:

Requested time:

Presentation topic(s):

- | | |
|---|--|
| <input type="checkbox"/> <i>The role of the College/ CRTO Update</i> | <input type="checkbox"/> <i>The RT in an Interprofessional Model of Care</i> |
| <input type="checkbox"/> <i>Documentation</i> | <input type="checkbox"/> <i>Authorizing Mechanisms (e.g., medical directives)</i> |
| <input type="checkbox"/> <i>Scope of Practice</i> | <input type="checkbox"/> <i>Relevant legislation, regulations and regulatory requirements (e.g. liability insurance)</i> |
| <input type="checkbox"/> <i>Standards of Professional Practice</i> | |
| <input type="checkbox"/> <i>Professional Ethics</i> | |
| <input type="checkbox"/> <i>Registration Requirements and Process</i> | |
| <input type="checkbox"/> <i>Quality Assurance Program</i> | |
| <input type="checkbox"/> <i>Members Responsibility as an Educator</i> | |

Other _____

Length of presentation (in minutes): _____

Anticipated audience:

- RTs only* *Multidisciplinary*