

“PROVIDER” COURSE FUNDS REPORT (CFR)

**for courses with multiple instructors, submit one CFR per instructor or billing authority if they must be billed separately
combined CFR submissions must match the total number of students on the Course Log

Lead Instructor's Name: _____ Phone #: _____

Co-Instructor's Name(s): _____

COURSE INFORMATION

Course Date: _____ Number of Participants: _____ x \$20 = \$ _____

City: _____ Province: _____

PAYMENT INFORMATION

Option #1: CREDIT CARD Visa Mastercard

Card #: _____ Expiry Date: ____ / ____

Name on Card: _____

Option #2: CHEQUE Submit via mail to: 509-350 Sparks St., Ottawa, ON, K1R 7S8

Payable to: Canadian Association of Emergency Physicians (CAEP)

Option #3: BILL HEALTH AUTHORITY

**Instructor (from above) affiliated with this Health Authority _____

Health Authority Name: _____

Health Authority Address: _____

City: _____ Prov: _____ Postal Code: _____

Contact Name: _____ Contact Email: _____

Phone: _____

Please submit this form via email: ctas@caep.ca, or mail: 509-350 Sparks St., Ottawa, ON, K1R 7S8

For questions contact Sandy Niemczak, CTAS Coordinator: 1-613-523-3343 x 18

