

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Email \_\_\_\_\_

Event title: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Type Of Event: Conference  Education Day  Webcast  Webinar  Other \_\_\_\_\_

Session Title: \_\_\_\_\_ Start Time: \_\_\_\_\_ Length of Session (hrs): \_\_\_\_\_

Location: \_\_\_\_\_ Website Link: \_\_\_\_\_

Session Description:	Do you wish to have your Event advertised on the CSNM Website YES <input type="checkbox"/> NO <input type="checkbox"/>
	If Yes, please provide Registration details:

### Competency 4.0 – Clinical Nutrition

*Please indicate which areas of the professional competency will be addressed in the session.*

- |  |  |
|--|--|
| <input type="checkbox"/> Demonstrate knowledge of nutritional supplements                          | <input type="checkbox"/> Participate in routine nutritional screening                      |
| <input type="checkbox"/> Participate in the development and implementation of nutrition care plans | <input type="checkbox"/> Write modified menu according to the nutrition care plan          |
| <input type="checkbox"/> Monitor client food intake and acceptance                                 | <input type="checkbox"/> Interview and counsel clients according to established procedures |
| <input type="checkbox"/> Document client information according to established procedures           | <input type="checkbox"/> Participate as a member of the health care team                   |

Application Submission Date \_\_\_\_\_ Submitted by \_\_\_\_\_

PLEASE ENSURE TO SEND THE COMPLETED FORM TO THE CE PORTFOLIO MANAGER AT: [coned@csnm.ca](mailto:coned@csnm.ca)

<b>For Office Use ONLY</b>	<input type="checkbox"/> Event Approved      # Points Awarded _____  Approved by _____ Date _____
	<input type="checkbox"/> Event <b>Not</b> Approved – Please indicate below why the event/session has not been approved for CE.