



CUC-CUA MENTORSHIP PROGRAM

APPLICATION FORM 2021

SECTION 1 – CONTACT INFO

CUA Membership Number:

Name (in full):

Date of birth (YY/MM/DD):

Citizenship:

Mailing Address:

Email Address:

Tel. # (work):

Tel. # (home):

Tel. # (fax):

SECTION 2 – PROPOSAL

Mentee practice location:

Mentor name and practice location:

Date of Proposed Mentorship:

Objectives of proposed Mentorship:

Indicate if half-day or full-day request:

Distance from practice locations (km):

Request for travel expense reimbursement? Yes No

(Only applies if car travel time is more than 2 hours each way or airline travel/hotel essential due to distance)

Cost estimate:

SECTION 3 – AUTHORIZATION

By submitting this application, I agree to respect and follow the regulations that govern this Award, should it be successful.

Date (YY/MM/DD):

Place:

Name of Applicant:

APPLICATION CHECKLIST

- 1) A letter of intent, including proposed mentor & why their mentorship is sought (validation of expertise)
- 2) Proposed Procedure(s) and/or medical topics to be reviewed
- 3) A budget, including all sources of financial support

All applications should be emailed to:

Lorne Aaron, CUA Community Urologist Committee
c/o Tal Erdman

tal.erdman@cua.org • tel: 514-395-0376 ext. 43