

**2010 CASB Module 6 (UFE PREP)
REVIEWER APPLICATION FORM**

Applicant Name:

Address:

City:

Province:

Postal Code:

Phone: (Home)

(Business)

(Mobile)

Preferred e-mail address:

Alternate e-mail address:

Passed UFE in (year):

Other Experience/Qualifications:

Returning Reviewer?

New Applicant?

Training location/preferred date

Please indicate the session(s) you would like to apply for:

	Date and Time	Available (yes/no)	Review Centre Location
Simulation of the Day #1	Tuesday, July 20 - 5:00 pm to finish	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Simulation of the Day #2	Tuesday July 27 th - 5:00 pm to finish	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Practice Simulation # 1 (Comprehensive Simulation)	July 24 th - 25 th & individual counselling some evenings from July 26 th - 29 th	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Practice Simulation # 2 (Multi-Simulations)	July 31 st - August 1 st	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Simulated UFE Day 1 (Comprehensive) Calgary or Winnipeg	August 6 th to 8 th	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Simulated UFE Day 2 (Multi-Simulations)	August 6 th to 8 th	Yes <input type="checkbox"/> No <input type="checkbox"/>	Edmonton
Simulated UFE Day 3 (Multi-Simulations)	August 6 th to 8 th	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vancouver

Important notes: In some locations, debriefing sessions may be held in the evening prior to the review centre.

Please submit this form to: M6ReviewerApplication@casb.com