



THE CENTRAL SERVICE ASSOCIATION OF ONTARIO

C.S.A.O. 2010/2011 CLASSROOM COURSES JUNE 2010 TO MAY 2011 INFORMATION

REQUIREMENTS FOR THE CLASSROOM COURSE ARE AS FOLLOWS:

- Grade 12 education or equivalent. (The student must provide documentation for the equivalency)
- Fluent in all aspect of the English language (reading, writing, and speaking).
- Must attend all classroom sessions.
- Must prepare for the classroom sessions by reading the manual, and answering each chapter's post-test questions prior to the first day of the course (found in the workbook).

COURSE LOCATIONS AND DATES

ETA CHAPTER

FALL COURSE **CLOSED**

Location: St. Michael's Hospital – Toronto
Dates: October 2nd, 9th, 12th, 16th, 19th, 23rd, & 26th, 2010
Registration Deadline: August 1st, 2010

SPRING COURSE

Location: St. Michael's Hospital - Toronto
Dates: March 5th, 12th, 15th, 19th, 22nd, 26th & 29th, 2011
Registration Deadline: January 4, 2011

SIGMA CHAPTER **CLOSED**

Location: Chatham-Kent Health Alliance
Dates: November 6th, 13th, 15th, 20th, 26th, & 27th, 2010
Registration Deadline: September 6th, 2010

GAMMA CHAPTER

Location: Bellville Quinte Hospital –Bellville, Ontario
Dates: February 2nd, 3rd, 4th, & 5th, 2011
Registration Deadline: December 2nd 2010

DELTA CHAPTER

Location: Grand River Hospital - Kitchener
Dates: April 2nd, 9th, 12th, 16th, 19th & 30th, 2011
Registration Deadline: February 1st, 2011

THETA/LAMBDA CHAPTER

Location: Being held by Ontario Telemedicine Network (OTN) with host site location: Timmins, along with OTN remote site locations: Thunder Bay, North Bay, Elliot Lake and Orillia
Dates: May 4th, 5th, 6th, & 7th, 2011
Registration Deadline: March 4th, 2011

COURSE AND EXAM INFORMATION:

- A mark of 70% must be achieved on the exam. No rewrites are permitted.

MEMBER AND NON-MEMBER PRICE: \$661.90 plus HST (\$86.05) = \$747.95. This fee includes the cost of the manual and workbook.

Late registrations post marked up to four weeks after the registration deadline will be considered by the C.S.A.O. executive with an additional fee of \$100.00 plus HST (\$15.00) = \$862.95

Payment by certified cheque, money order, corporate cheque, visa or master card only.

Make payment payable to the C.S.A.O.

Post dated or personal cheques **will not be accepted.**

REFUNDS: Registration is non-refundable and no student can be replaced by another. A student cannot transfer to another location.

**Send registrations with properly completed form & appropriate payment via regular mail or Express Post (with no signature required) to: CSAO BOX 225 TIMMINS, ONTARIO P4N 7C9
FAX NUMBER FOR CREDIT CARD PAYMENTS ONLY 705-268-4421**



THE CENTRAL SERVICE ASSOCIATION OF ONTARIO

C.S.A.O. 2010/2011 CLASSROOM COURSES REGISTRATION FORM

MEMBER AND NON-MEMBER PRICE: \$661.90 plus HST (\$86.05) = \$747.95 (fee includes manual and workbook).

Late registrations post marked up to four weeks after the registration deadline will be considered by the C.S.A.O. executive with an additional fee of \$100.00 plus 13% HST = \$862.95. Post dated or personal cheques will not be accepted.

Payment by certified cheque, money order, corporate cheque, (made payable to the C.S.A.O.), visa or master card only.

REFUNDS: Registration is non-refundable and no student can be replaced by another. A student cannot transfer to another location.

Complete all of the following sections. Please print clearly: **Clearly enter your name, as it should appear on your certificate.**

First Name: _____ Last Name: _____

Home Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Healthcare Facility: _____ Position: _____

Work/Home E-Mail: _____ (e-mail must be provided)

By signing below I agree that I have read the course and exam information, and that I meet the registration criteria.

Student's Signature: _____ Date: _____

METHOD OF PAYMENT: Check one method of payment below. Payment is in Canadian Funds: \$661.90 plus HST (86.05) = \$747.95

Certified cheque / Money order/Hospital cheque (made payable to "C.S.A.O.") **Mail to CSAO Box 225 Timmins, ON P4N 7C9**

Visa MasterCard (check one, and fill out all information below) **Fax to 705-268-4421**

Card #: _____ Exp. date: _____ / _____

Name (as shown on card): _____

SIGNATURE: _____ DATE: _____

LOCATION OF COURSE (CHOOSE ONE)

ETA CHAPTER: FALL COURSE CLOSED

Location: St. Michael's Hospital - Toronto
Dates: October 2nd, 9th, 12th, 16th, 19th, 23rd, & 26th, 2010
Registration Deadline: Aug 4th, 2010

SIGMA CHAPTER CLOSED

Location: Chatham-Kent Health Alliance
Dates: November 6th, 13th, 15th, 20th, 26th, & 27th, 2010
Registration Deadline: September 6th, 2010

GAMMA CHAPTER

Location: Quinte Health - Bellville
Dates: February 2nd, 3rd, 4th, & 5th, 2011
Registration Deadline: December 1st, 2010

ETA CHAPTER: SPRING COURSE

Location: St. Michael's Hospital - Toronto
Dates: March 5th, 12th, 15th, 19th, 22nd, 26th & 29th, 2011
Registration Deadline: January 4th, 2011

DELTA CHAPTER

Location: Grand River Hospital - Kitchener
Dates: April 2nd, 9th, 12th, 16th, 19th & 30th, 2011
Registration Deadline: Feb. 2nd, 2011

THETA/LAMBDA CHAPTER

Held by OTN

Check one site:

Timmins – Host site

Thunder Bay – Remote site

Orillia – Remote site

North Bay – Remote Site

Elliot Lake – Remote Site

Dates: May 4th, 5th, 6th & 7th, 2011

Registration Deadline: March 4th, 2011