



Journal Club **Study Club**

Registration Form

At the beginning of each CCP year, email this registration information to the CDHM office at registrar@cdhm.info

Club Name:	
Club Purpose: (e.g. research evidence for best practice; calibrate oral health team; clinical questions; etc.)	
Contact Person Name: _____	
Phone number: _____ Email: _____	
I (contact person name), _____ give permission to the CDHM staff to provide this contact information to potential club members.	
Signed _____ Date _____ YES <input type="checkbox"/> NO <input type="checkbox"/>	
Format	
Number of Meetings Per Year	
Length of Meeting (approximate hours per session)	
Location of Meetings: (check all that apply)	<input type="checkbox"/> In person <input type="checkbox"/> Teleconference <input type="checkbox"/> Videoconference
Proposed Topics (minimum of 3 per year)	1. 2. 3.
Membership	
Accepting New Members?	YES <input type="checkbox"/> NO <input type="checkbox"/>