

«Your
Logo»



CERTIFICATE OF ATTENDANCE

This is to certify that

«Title» «First_Name» «Last_Name»

attended the

<<Name of Course>>

on

<<date>>

in <<City, Province, Country>>

(Choose one or both of the following statements depending upon the CME applications that were submitted. AMA credits may also be available at no additional cost– please contact the CME office for more information.)

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for up to **<<enter # of credits>>** MAINPRO-M1 credits.

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada. This program has been reviewed and approved by Continuing Professional Development, Schulich School of Medicine and Dentistry, The University of Western Ontario.

The Western Logo is optional:

