

**Name of Physician Organization and Co-Developing organization (if applicable)**

**This is to certify that**

**PARTICIPANT NAME**

**attended the following event:**

**EVENT NAME** (as it appears on the application)

**LOCATION** (City, Prov)

**DATE (S)**

**ACCREDITATION STATEMENT**

*[Issued upon approval]*

**Accredited by UBC CPD logo** *[Issued upon approval]*

---

*Signature of Accountable Physician/Chair*