

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

Certificate (sample)

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/SPC Chair