

DECLARATIONS FOR MAINPRO+® CREDITS

DECLARATION OF UBC FACULTY OF MEDICINE MEMBER

In order for the University of British Columbia, Faculty of Medicine, Division of Continuing Professional Development (UBC CPD) to provide Mainpro+ Certification, a UBC Faculty of Medicine physician needs to be significantly involved in the planning, organization, development and implementation of the program, as stipulated by the College of Family Physicians of Canada (CFPC), effectively representing UBC CPD.

In this role, the UBC Faculty of Medicine Member:

- Represents UBC CPD on the Scientific Planning Committee (SPC) for Mainpro+ credits
- Contributes the consideration of learning needs, the determination of learning objectives, development of program content, and the choice of speakers or presenters
- Stays informed of any financial or non-financial incentives associated with the program
- Ensures the CPD activity adheres to certification standards
- Ensures the CPD activity adheres to the ethical standards in the [UBC CPD Guidelines for Support](#)

NAME: _____ UBC FoM DEPT _____
 EMAIL: _____ TEL: _____

DECLARATION

- I certify that I am member of the UBC Faculty of Medicine.
 I have had substantial input into the CPD activity being submitted for certification.
 The content of the CPD activity meets the requirements above.

X _____
Signature: _____ **Date:** _____

DECLARATION OF CFPC FAMILY PHYSICIAN MEMBER

In order for UBC CPD to provide Mainpro+ Certification, a member of the College of Family Physicians of Canada (CFPC) residing in the region or province where the CPD activity is being held, needs to represent a target audience of family physicians by being significantly involved in the planning, organization, development and implementation of the program as stipulated by the CFPC. In this role, the CFPC member verifies having had substantial input into the program by:

- Being a member of the Scientific Planning Committee (SPC)
- Representing target audience of family physicians by ensuring the content is relevant to family medicine
- Contributing the consideration of learning needs, the determination of learning objectives, development of program content, and the choice of speakers or presenters
- Being informed of any financial or non-financial incentives associated with the program

NAME: _____ MEMBER CFPC# _____
 EMAIL: _____ TEL: _____

DECLARATION

- I certify that I am a family physician of the College of Family Physicians of Canada (CFPC), residing in BC.
 I have had substantial input into the CPD activity being submitted for certification.
 The content of the CPD activity is relevant to family physicians in BC.

X _____
Signature: _____ **Date:** _____
