



FACULTY OF MEDICINE
Continuing Professional
Development

August 16, 2021

APPROVAL AGREEMENT

This will confirm that I have reviewed Dalhousie CPD's Policy re: Approval Guidelines, enclosed with correspondence dated August 16, 2021.

I agree that the _____ will comply with these
(Name of Event/program)

guidelines, and will reimburse Dalhousie Continuing Professional Development the fees as outlined in this correspondence.

Name (Please Print): _____
(Chair of the planning committee)

Signed: _____

Date: _____

Please return form to: Deirdre Harvey
Continuing Professional Development
Room C-106, 5849 University Avenue
PO Box 15000
Halifax, NS B3H 4R2