



APPROVAL AGREEMENT

To be completed by The Chair of the scientific planning committee.

This will confirm that I have reviewed the *Dalhousie CPDME Accreditation Policy for Specialists*, enclosed with the accreditation package.

I agree that the

_____ (name of program/event)

will comply with these guidelines and will reimburse Dalhousie Continuing Professional Development & Medical Education the fees as outlined in this policy.

Chair Name (please print)

Chair Signature

Date (dd-mmm-yyyy)

Please return form to: Dalhousie University Continuing Professional Development and Medical Education
(CPDME.Accreditation@dal.ca).