



CO-SPONSORSHIP AGREEMENT

To be completed by the Head of the Department/Physician Organization.

Please Print.

Name of program/event: _____

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

I agree that the _____

(name of Department/Physician Organization sponsoring/organizing the event)

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

Department Head Name (please print)

Department Head Signature

Date (dd-mmm-yyyy)

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