



DECLARATION OF SPONSORSHIP: FINANCIAL AND/OR IN-KIND*

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

Both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada require all event planning committees to complete a form indicating financial and/or in-kind sponsorship. Such sponsorship must meet the criteria stated in the **National Standard for Support of Accredited CPD Activities**.

*For further information on what is/is not acceptable, please see Element 4: Receiving Financial and in-kind Support of the [National Standard for Support of Accredited CPD Activities](#).

Program/Event Name: _____

Sponsorship Details:

If none, please tick this box, sign and return the form.

This program has no sponsorship

Type of funding		Amount (Approximate value for In-Kind)	Name of Organization	Type of Organization		
In-kind	Financial			For profit	Not for profit	Org Code**
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>	<input type="checkbox"/>	

**Org Code: G = Government agency H = Healthcare facility MD = Medical device company
ME = Medical education or communications company P=Pharmaceutical company
O= other (please give details below)

Details (if applicable): _____

I attest that this is the sponsorship that will be received by our event.

I also attest that we (the planning committee) have in our files a written agreement of this sponsorship (one for each different sponsor, signed by the sponsor and the planning committee member(s) tasked with this).

NOTE: We can provide you with a sample agreement if you request it.

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).