



**DALHOUSIE
UNIVERSITY**
FACULTY OF MEDICINE
Continuing Professional
Development

Your event/program name:

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

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** (document available at the link below:

<https://medicine.dal.ca/departments/core-units/cpd/conferences/conference-services/accreditation.html>

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

This program has no sponsorship

Type of funding		Name of Organization	Type of Organization		
In-kind	Money		For profit	Not for profit	Insert initial#

#Type of organization: G = Government agency H = Healthcare facility MD = Medical device company ME = Medical education or communications company P=Pharmaceutical company O= other (please give details)

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. [We can provide you with a sample agreement, if you request it.]

Name (Please Print): _____

(Chair of the Planning Committee)

Signed: _____

Date: _____

Please return form to:

Deirdre Harvey
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