



FACULTY OF MEDICINE  
Continuing Professional  
Development

### KNOWLEDGE AND ACCEPTANCE OF

### NATIONAL STANDARD FOR SUPPORT OF ACCREDITED CPD ACTIVITIES\*

(\*see below for an electronic link to this document which appears at the bottom of this page).

To be completed by The Chair of planning committee

I attest that I have read the [National Standard for Support of Accredited CPD Activities](#) as revised January 2018.

I understand and accept the [National Standard for Support of Accredited CPD Activities](#) and will use it in our Committee's planning process.

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

Name (Please Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to:

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