



PHYSICIAN ORGANIZATION AGREEMENT FORM

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

As Head of the _____, I, _____
(department/physician organization name) (head of department/physician organization name)

attest that we are a physician organization, [defined by the Royal College of Physicians and Surgeons of Canada](#) as “A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, medical specialists through: continuing professional development; provision of health care; and/or research.”

We assume responsibility for content, educational and ethical standards for:

(name of program/event)

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).