



**DALHOUSIE  
UNIVERSITY**

FACULTY OF MEDICINE  
Continuing Professional  
Development

**PLANNING COMMITTEE MEMBER CONFIRMATION FORM**

**To be completed by all Family Physicians on the planning committee**

I attest that I have been actively involved in the planning process for:

\_\_\_\_\_

(print name of event/program)

Please mark those that apply or explain below:

<input type="checkbox"/>	I contributed to the discussion of format, topic and teacher selection, and the establishment of learning objectives
<input type="checkbox"/>	I understand that the planning committee is ultimately responsible for the content of the program/event
<input type="checkbox"/>	I understand that the planning committee is responsible for the finances

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Please return form to: Deirdre Harvey,  
Continuing Professional Development,  
Room C-106, 5849 University Avenue,  
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Halifax, NS B3H 4R2