



**DALHOUSIE
UNIVERSITY**

FACULTY OF MEDICINE
Continuing Professional
Development

PLANNING COMMITTEE MEMBER CONFIRMATION FORM

To be completed by all Specialists on the planning committee

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

_____ (print name of program/event)

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
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