



PLANNING COMMITTEE MEMBER CONFIRMATION FORM

To be completed by all physicians on the scientific planning committee.

1. I am a member of the below college:

(If you are a member of both, select the one college you represent on the scientific planning committee.)

- College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada

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

Please print the program/event name

3. Please mark those that apply or explain below:

- I contributed to the discussion of format, topic and teacher selection, and the establishment of learning objectives
- I understand that the planning committee is ultimately responsible for the content of the program/event
- I understand that the planning committee is responsible for the finances

Explanation:

Physician Name (please print)

Physician Signature

Date (dd-mmm-yyyy)

Please return the completed form to the CPD program provider or organizer, who will include it in the application package sent to Dalhousie University Continuing Professional Development and Medical Education (CPDME.Accreditation@dal.ca).