**Planning Committee Membership Form**

**Please Note:** This form must be completed by **each physician (CFPC/RCPSC) member** of the scientific planning committee (SPC).

All certified/accredited programs must have an SPC that is representative of the target audience. Therefore, at least one active physician member of the CFPC and/or RCPSC must have substantial involvement in the development of the program. (See the [Accreditation/Certification Policy](https://medicine.dal.ca/departments/core-units/cpd/accredplanning/AccreditationPackages.html) for details.) This involvement must be confirmed.

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| **Part 1**  To be completed by the Chair or designate **first.** | | | | |
| **Please return the completed form to:** | | | | |
| Chair or Designate Name | | | Chair or Designate Email | |
|  | | |  | |
| **Program Name** | | | | |
|  | | | | |
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| **Part 2**  To be completed by the physician member of the SPC. | | | | |
| **Physician Details** | | | | |
| First Name | | | Last Name | |
|  | | |  | |
| I am an active physician member of the below college (select **the one** college you represent on the SPC): | | | | |
|  | College of Family Physicians of Canada (CFPC) | | | |
|  | Royal College of Physicians and Surgeons of Canada (RCPSC) | | | |
| **Declaration of Involvement** | | | | |
|  | I attest that I am a member of the SPC for this program. | | | |
|  | I attest that I have been substantially involved in the planning and development of this program. (E.g., consideration of learning needs (such as the needs assessment), determination of learning objectives, development of program content, selection of educational methods, selection of speakers/moderators/etc., and evaluation of outcomes.) | | | |
|  | I believe the content of this program is relevant. | | | |
|  | I believe the planning, content, and conduct of this program meets pertinent ethical standards. | | | |
|  | I was informed of any financial or non-financial incentives associated with the program. | | | |
|  | I understand that the SPC is ultimately responsible for the content, finances, and delivery of the program. | | | |
| **Comments** (If you have comments/details/explanations for your selections above, please note them here.) | | | | |
|  | | | | |
| **Agreement** | | | | **Date** |
| **I Agree** | | By clicking “I agree”, you are confirming that, to the best of your knowledge, the above information is true and accurate. | |  |