



FACULTY OF MEDICINE
Continuing Professional
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September 5, 2019

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As Head of the _____, I, _____,
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attest that we are a physician organization, defined by the RCPSC 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 conference/workshop)

Name (Please Print): _____

Signed: _____

Date: _____

Please return form to:

Deirdre Harvey
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