Planning Committee Name (ie. North Bay LEG)

## CONFIRMATION OF ATTENDANCE for “North Bay LEG Rounds”

(CFPC Mainpro+ Certified/RCPSC Section 1 Accredited Group learning activity)

**DATE:** July 2, 2018

**TO:** Participant Name

**FROM:** Name

Chair/Program Director of North Bay LEG Rounds Planning Committee

### RE: Attendance at North Bay LEG Rounds (CERT+ Session ID#:123456-001)

Dear Dr. Participant Name:

Our records indicate that you attended \_3\_ hour(s) of North Bay LEG Rounds from April 1, 2018 to June 30, 2018.

Please keep a copy of this letter in the event you are selected to participate in the Credit Validation Program as proof of attendance.

*This one-credit-per-hour Group Learning program meets the certification criteria of the College of
Family Physicians of Canada and has been certified by the Continuing Education and Professional
Development Office at the Northern Ontario School of Medicine for up to 3 Mainpro+ credits.*

*This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of
Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Continuing Education and Professional Development Office at the Northern Ontario School of Medicine. You may claim a maximum of 3 hours*

Attendance records for North Bay LEG Rounds are based on sign-in sheets, and completing and submitting an evaluation form.

Yours sincerely,

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

Chair of the North Bay LEG Rounds Planning Committee

Name of Hospital:

Name of Department:

Tel.:

E-mail: