Planning Committee Name

## CONFIRMATION OF ATTENDANCE for {Insert Program Title}

**DATE:** July 2, 2018

**TO:** Participant Name

**FROM:** Name

Chair/Program Director of {Insert Program Title} Planning Committee

**Host Location:** e.g. Sudbury, ON / Webcast / OTN

### RE: Attendance at {Insert Program Title} (CERT+ Session ID#:XXXXX-XXX)

Dear Participant Name:

Our records indicate that you attended \_1\_ hour(s) of {Insert Program Title} from {Insert Date Range}

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

**Insert Credit Statement(s) here (As outlined in your approval letter)**

**\*Ensure hours listed in letter match hours found in credit statement(s)**

Attendance records for {Insert Program Title} are based on sign-in sheets, and completing and submitting an evaluation form.

Yours sincerely,

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

Chair of the {Insert Program Title} Planning Committee

Name of Hospital:

Name of Department:

Tel.:

E-mail: