# jrhighschool2bjrhighschool2c

# NAME OF ACTIVITY *(as it appears on the notification of review)*

**certificate of participation**

Activity Date(s) (dd/mm/yy):

## (Participant Name)

*[insert applicable accreditation statement below]*

Section 1 accreditation statement

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 [accredited CPD provider’s name]. You may claim a maximum of # hours (credits are automatically calculated).

|  |  |  |
| --- | --- | --- |
| Chair of planning committee |  | Date |