# NAME OF ACTIVITY *(as it appears on the notification of review)* jrhighschool2cjrhighschool2b

certificate of participation

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

## (Participant Name)

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).

Section 3: Self-Assessment accreditation statement

This activity is an Accredited Self-Assessment Program (Section 3) 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).

Section 3: Simulation accreditation statement

This activity is an Accredited Simulation Activity (Section 3) 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).

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| Chair of planning committee |  | Date |