Planning Committee Name

## CONFIRMATION OF ATTENDANCE for {Insert Program Title}

**DATE:** July 2, 2025

**TO:** Participant Name

**FROM:** Name

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

**Host Location:** e.g. Sudbury Holiday Inn, 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:

**Select the applicable credit statement(s) for this activity. These will be reviewed by the CEPD Office and revised as necessary.**

**CFPC Credit Statements**

Upon written confirmation from the university CPD office that a program has been certified, program providers may indicate one of the following on program materials **(this notice must be presented exactly as follows):**

**Certified Activity**

This activity 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 NOSM University for up to [insert # of credits] Mainpro+® Certified Activity credits.

**Certified Assessment Activity**

This activity 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 NOSM University for up to [insert # of credits] Mainpro+® Certified Assessment Activity credits.

**Combined learning activity**

This activity 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 NOSM University for up to [insert # of credits] Mainpro+® Certified Activity and up to [insert # of credits] Mainpro+ Certified Assessment Activity credits.

**RCPSC Statements**

**Section 1 accreditation statement (sample)**

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 NOSM University. You may claim a maximum of # hours (credits are automatically calculated).

**Section 3: Self-Assessment accreditation statement (sample)**

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 the Continuing Education and Professional Development Office NOSM University on dd/mm/yy and expires mm/yy. Remember to visit [MAINPORT](https://mainport.royalcollege.ca/) ePortfolio to record your learning and outcomes. You may claim a maximum of # hours (credits are automatically calculated).

**Section 3: Simulation accreditation statement (sample)**

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 the Continuing Education and Professional Development Office at NOSM University on dd/mm/yy and expires mm/yy. Remember to visit [MAINPORT](https://mainport.royalcollege.ca/) ePortfolio to record your learning and outcomes. You may claim a maximum of # hours (credits are automatically calculated).