

Certificate of Attendance

Continuing Professional Development

This is to certify that

[Insert participant name]

has completed the continuing development program titled

eAMS Learning Activity
CERT+ Session ID# _____

On

[Date]

[Location/venue, city, province]

Credits for family physicians

This **[#-of-credit-per-hour]** self-learning activity has been certified by the College of Family Physicians of Canada and the **[insert chapter name]** Chapter for up to **[insert # of credits]** Mainpro+ certified credits