

# CERTIFICATE OF PARTICIPATION

This certifies that:

\_\_\_\_\_  
(Name of Physician Participant)

has participated in the educational activity entitled:

\_\_\_\_\_  
(Title of CME Activity)

provided by: \_\_\_\_\_

(Name of CME Provider)

\_\_\_\_\_  
(Date of Activity)

\_\_\_\_\_  
(City/State of Activity)

and is awarded up to \_\_\_\_\_ credits.

This [activity type] activity, [activity title], with a beginning date of [activity dates] has been reviewed and is acceptable for up to \_\_\_\_\_ (Prescribed /Elective) credit(s) by the American Academy of Family Physicians. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

I participated in \_\_\_\_\_ credits of this CME activity.

\_\_\_\_\_  
Physician Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CME Activity Director

\_\_\_\_\_  
Date