

FRASER HEALTH EMERGENCY NETWORK

This document is to certify that Dr. _____ has participated in the Emergency Physician Practice Development Program including (please tick below)

- Completion and review of the online self-assessment survey
- Completion and review of the online professional practice survey by colleagues
- Review of the Physician Activity Report
- Completion of the CanMEDS Action Plan
- Meeting with their trusted advisor

Completion of this program provides eligibility for CPD credits. The participating physician is a member of the (please select one)

- College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada

Emergency physician printed name

Trusted advisor printed name

When you have completed this form, press the "submit" button below. You will be prompted to enter your name and email address. Upon receipt of this form a CPD certificate will be issued.

Please save or print a copy of this form for your records

If you have questions, contact Gloria Bannister at gloria.bannister@fraserhealth.ca