

Certificate of Attendance

other document that verifies successful completion of the course.

This is to confirm the attendance of _______ at the following continuing competency session:

COURSE TITLE: ________ PRESENTER'S NAME: _______ PRESENTER'S QUALIFICATIONS: _______

DATE: ______ TIME (start and end time): _______

LENGTH OF PRESENTATION: ______

LOCATION: ______

CONTINUING COMPETENCY CATEGORY: ______

SIGNATURE: ______

SIGNATURE: ______

at the followise. ______ at the following in the course. ______ at the following competency category: ______

at the following at the course. ______ at the following course, and the following course in the course. _______

at the following course. ______ at the following course, and the following course in the course. _______

SIGNATURE: _______

SIGNATURE: _______

The following course in the course. _______

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SIGNATURE: _______

SIGNATURE: ________

The following course in the course in the course. ____________

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Please note: Use this form if the course provider does **not** provide their own certificate of attendance or

Additional Information Required: As per the CDHNS CCP Requirements, you must provide the following additional information for all courses that are not offered through the CDHNS, CDHA, Dalhousie University, or a Study Club registered through CDHNS: detailed course outline and learning objectives, subject matter of the activity, and documentation that supports the length of the presentation e.g., agenda that includes all major breaks.

OFFICIAL CAPACITY: