**Statement of Involvement in Program Planning**

This form must be completed and signed by a **CFPC physician** who is an active member of the planning committee that developed or co-developed this activity.

**Program Name:**

**Program Date:**

**Initials**

|  |  |
| --- | --- |
| I have had substantial input into this program\* |  |
| I have reviewed the content to ensure it is relevant to family medicine |  |
| I verify that the planning, content and conduct of this program meets pertinent ethical standards |  |
| I have been informed of any financial and/or non-financial incentives associated with this program |  |

**\*Substantial input:**

* The CFPC member must be an active member of the planning committee (and, where it exists, the program scientific committee)
* Actively contribute to the consideration of learning needs, the determination of learning objectives, the choice of speakers, selection of appropriate venues, etc.
* Participate in and/or be privy to all issues and decision related to the CME program budget, including sponsorship, costs to participants, honorariums etc.
* Be a resident of the province (and ideally from the region) where the CME program is to be held

**Contact information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | | Membership Number (Required) | |
| Address Line 1: | | | | Tel. (W): |
| Address Line 2: | | | | Tel. (C): |
| City: | Prov.: | Postal Code: | | Fax: |
| E-mail address: | | | | |

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**Signature Date:**