

PROFESSIONAL • DEVELOPMENT



College of Pharmacists of Manitoba
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CPR AND FIRST AID COURSES Statement of Participation

To be used for live CPR/First Aid Programs from an accredited provider.

Name: _____

Licence #: _____

<i>Date</i>	<i>Session Title</i>	<i>CEU Claimed</i>	<i>Accreditation Number</i>	<i>Accreditation Expiry Date</i>
<u> </u> / <u> </u> / <u> </u> MM/DD/YYYY	Provider: _____ Program: _____		15070M	N/A

Important Notes: A maximum of 12 CEU in any 3 consecutive year period may be recorded from recognized, accredited programs in First Aid and/or CPR.

This program is designated an accredited learning activity by the College of Pharmacists of Manitoba for pharmacists in Manitoba.

Please be reminded that you are required to document these accredited learning activities in your online Professional Development Log and retain this letter for your records.

A handwritten signature in black ink, appearing to read 'Kim McIntosh'.

Kim McIntosh, B.Sc.Pharm.
Assistant Registrar

College Mission: To protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.

