

PROFESSIONAL • DEVELOPMENT



COLLEGE OF PHARMACISTS OF MANITOBA
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Statement of Participation

Please fill out accordingly.

Name:

Licence or Certificate #:

The College has accredited the following program:

<i>Date</i>	<i>Activity Title</i>	<i>CEU Claimed Max of 10 CEU</i>	<i>Accreditation Number</i>
	Jurisprudence Exam Preparation		21003M

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

Pharmacists: 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.

Pharmacy Technicians: Please be reminded that you are required to document these accredited professional development activities for your performance review with your manager 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.*

