Training Provider Logo

CERTIFICATE OF ATTENDANCE

1 PDU

[Name of the provider] certifies that

[FIRST AND LAST NAME OF THE REPRESENTATIVE]

[AMF certificate number – 6 digit]

has attended this CE activity and complied with the control measures put in place

[TITLE OF THE CE ACTIVITY]

Held on [Date]

Led by [Name of the trainer]

Recognition Number Chambre de l'assurance: CSF00-00-00000
Number of PDUs/Subject: 0 PDUs in [Subject]

Signature of the person attesting

_____

[First and last name in block letters]

Date of the signature

_____

Signed on

Note to the provider: Please write on this certificate by which method the PDUs will be entered: "You must enter this activity in your PDU file." or "We will ensure this activity is entered in your PDU file."

Representatives have a duty and responsibility to make sure that the PDUs are entered in their file before the end of the continuing education cycle and they must keep this certificate of attendance for 24 months after the end of the cycle in order to provide proof to the Chambre de l'assurance upon request.