



Declarations and Approvals

Program Name: _____ Program Date: _____

A. Declaration of the Planning Committee Chair/Course Director:

As the Planning Committee Chair/Course Director, I accept the responsibility for the accuracy of the information provided in this application.

I have read the CHSE Guidebook for Designing CPD Activities and all related policies. To the best of my knowledge this activity is developed in compliance with the CHSE Guidebook and is adherent to all related policies. I accept all the responsibilities of the Chair of the planning committee as outlined in the CHSE Guidebook.

Signature of the Planning Committee Chair/Course Director

Print name: _____

Signature: _____ Date: _____

B. Declaration of the McMaster University Faculty of Health Science Representative on the Planning Committee:

As the McMaster University FHS Representative on the Planning Committee for this CME/CPD activity, I hold an active academic appointment at McMaster University and I have been actively involved in the planning of this activity.

If the Chair of this Planning Committee is not a McMaster Faculty Member, I will ensure that all the responsibilities stated above under Declaration A and those stated in the CHSE Guidebook are complied with.

Signature of McMaster University FHS Representative on the Planning Committee.

Print name: _____

Signature: _____ Date: _____

*To be completed for McMaster events only

C. Academic Chair/Assistant or Associate Dean/Director or Designate Approval and Support:

As the Academic Chair/Assistant or Associate Dean/Director or Designate of the Department of _____,

I approve and support this activity as a McMaster University FHS activity. My program/Faculty has had substantial input into the planning, organization, development, and implementation.

Signature of Academic Chair of the Department/Assistant or Associate Dean/Director or Designate

Print name: _____

Signature: _____ Date: _____