



Notification of Review: Self-Assessment Program

Maintenance of Certification Program Section 3 Accreditation

Name of SAP: _____

(maximum of 100 characters including start and end dates)

If the activity is bilingual, please provide the French title below:

(maximum of 100 characters including start and end dates)

Start date (dd/mm/yyyy): _____

Expiry date (maximum 3 years from start date) (dd/mm/yyyy):

Name of Accredited CPD Provider: _____

Program Developer (if different than above):

Target audience/specialty: _____

Weblink to program: _____

Maximum number of hours to complete:

Program _____

Section/module _____

Chapter _____

Email address and contact name for registration or additional information:

Signature of assessor: _____

Date of approval (dd/mm/yyyy): _____

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