

PROFESSIONAL • DEVELOPMENT

MANITOBA PHARMACEUTICAL ASSOCIATION
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Statement of Participation

Date of Completion: _____

Name: _____

Licence #: _____

The MPhA has accredited the following program:

Program Title	CEU	Accreditation Number	Accreditation Expiry Date
St John Ambulance CPR, "HCP" AED FAI (8hrs)	6.5	32221M	N/A

This program is designated an accredited learning activity by The Manitoba Pharmaceutical Association for pharmacists in Manitoba.

Please be reminded that you are required to document these accredited learning activities in your 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

MPhA Mission: To protect the health and well being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice.

