

# CERTIFICATE OF PARTICIPATION

This certifies that:

\_\_\_\_\_  
(Name of Physician Participant)

has participated in the educational activity entitled:

**Cancer in the family: primary care matters**

(Title of CME Activity)

provided by: **Maine-Dartmouth Family Medicine Residency Program**

(Name of CME Provider)

**April, 13, 2012**

(Date of Activity)

**Bar Harbor, Maine**

(City/State of Activity)

and is awarded up to 4.75 credits.

This activity has been reviewed and is acceptable for up to \_\_\_\_ (Prescribed /Elective) credit(s)  
by the American Academy of Family Physicians.

I participated in \_\_\_\_\_ credits of this CME activity.

\_\_\_\_\_  
Physician Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CME Activity Director

**April 13, 2012**

\_\_\_\_\_  
Date