

American Cleft Palate- Craniofacial Association

ATTENDANCE CERTIFICATE

Name _____ Registrant ID# _____

Address _____ Dental Lic # _____

City _____ State/Prov _____ Country _____ Postal Code _____

Email address _____

I certify that I have attended the American Cleft Palate-Craniofacial Association's Caring for the Patient with Cleft Lip and Palate on April 21, 2012, in San Jose, California for continuing education.

(Check all that apply)

COURSE TITLE	DATE	MAXIMUM CREDITS EARNED
<input type="checkbox"/> Caring for the Patient with Cleft Lip and Palate	April 21, 2012	6.25 hours

Registrant's Signature _____ Date _____

At the end of the meeting or time of your departure, you must return this form to an ACPA staff member at the registration desk. **You must also complete an online Evaluation Form for each meeting component checked above.** If this form is not returned to the registration desk and the online forms are not completed, we will not be permitted to award continuing education credits.

FOR OFFICE USE ONLY

The American Cleft Palate-Craniofacial Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The above named individual has participated in the educational activity(ies) named above and is awarded the equivalent of _____ CE hour..

Any questions should be referred to the National Office of the American Cleft Palate-Craniofacial Association at (919) 933-9044.

AUTHORIZED SIGNATURE _____

Nancy C. Smythe, Executive Director
American Cleft Palate-Craniofacial Association

Date
Keep this certificate for your personal records for four years.