**SPC Chair & Physician Organization**

**Declarations and Approval**

***Educational Activity Name:*** Click or tap here to enter text.

***Date(s):*** Click or tap here to enter text.

***Declaration of the Scientific Planning Committee Chair: As the Scientific Planning Committee Chair, I accept the responsibility for the accuracy of the information provided in this application. I have read the NATIONAL STANDARDS FOR THE SUPPORT OF ACCREDITED CPD ACTIVITIES and all CCS related policies.***

***To the best of my knowledge this activity is developed in compliance and is adherent to all related policies. I accept all the responsibilities of the Chair of the planning committee.***

**Signature of the Planning Committee Chair:**

Name (pls print): Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Declaration of the PHYSCIAN ORGANIZATION Representative on the Planning Committee: As the Physician Organization Planning Committee Representative, for this educational activity, I have been actively involved in the planning of this activity. If the Chair of this Planning Committee is not a member of the physician organization, I will ensure that CCS policies complied with.***

Signature of Physician Organization Representative on the Planning Committee:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_