

CERTIFICATE OF PARTICIPATION

This certifies that:

(Name of Physician Participant)

has participated in the educational activity entitled:

_____ **2023 NCEAS Annual Conference** _____

(Title of CME Activity)

provided by: _____ **National Collaborative for Education to Address the Social Determinants of Health** _____

(Name of CME Provider)

_____ **February 27-March 1, 2022** _____

(Date of Activity)

_____ **Virtual Conference** _____

(City/State of Activity)

and is awarded up to 7.0 credits.

This [activity type] activity, [activity title], with a beginning date of [activity dates] has been reviewed and is acceptable for up to _____ (Prescribed /Elective) credit(s) by the American Academy of Family Physicians. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

I participated in _____ credits of this CME activity.

Physician Participant's Signature

Date



Signature of CME Activity Director

February 27, 2023

Date