

CERTIFICATE OF PARTICIPATION

This certifies that:

(Name of Physician Participant)

has participated in the educational activity entitled:

_____ 2024 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 26-February 27, 2024 _____

(Date of Activity)

_____ Virtual Conference _____

(City/State of Activity)

and is awarded up to ___6.0___ credits.

This virtual conference activity, 2024 NCEAS Annual Conference, with a beginning date of February 26, 2024 has been reviewed and is acceptable for up to 6.0 (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 26, 2024

Date