

# CERTIFICATE OF PARTICIPATION

This certifies that:

\_\_\_\_\_

(Name of Physician Participant)

has participated in the educational activity entitled:

\_\_\_\_\_ 2026 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 23-February 24, 2026 \_\_\_\_\_ Virtual Conference \_\_\_\_\_

(Date of Activity)

(City/State of Activity)

and is awarded up to 5.0 credits.

This virtual conference activity, 2026 NCEAS Annual Conference, with a beginning date of February 23, 2026 has been reviewed and is acceptable for up to 5.0 (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 23, 2026

\_\_\_\_\_  
Date