



UNIVERSITY OF MANITOBA | Faculty of Health Sciences

This is to certify that

***Name of participant***

attended

***Name of Department***  
***Name of Regular Scheduled Series***

during the XXXX calendar year  
at the University of Manitoba  
Winnipeg, Manitoba

### **The Royal College of Physicians and Surgeons of Canada**

#### **Section 1**

The (*insert exact title of rounds or other hospital-based activity as indicated on the self-approval form*) is a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.

The participant may claim ***# of hours for the year*** Section 1 credits for this series.

***Name of chair***  
***Chair, RSS Planning committee***