



Postgraduate Institute
for Medicine
Professional Excellence in Medical Education

STATEMENT OF PARTICIPATION

The Postgraduate Institute for Medicine confirms that

[first name] [middle name] [last name], [degree]



has participated in the educational activity titled

[activity title]

an Internet based activity on [activity date].

This educational activity for [hours] contact hours is provided by the Postgraduate Institute for Medicine.

In support of improving patient care, Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p>	<p>The licensee must retain this certificate for a period of 4 years after participating in the course.</p>
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