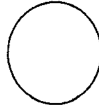
(Sample text for Certificate of Attendance Category 1 activity)



(Logo of CME Provider, if available)

....

(Name of CME Provider as given in Registration Letter)

This is to certify that

....

(Name of participant)

participated in

....

(Name of activity as given in Registration Letter)

CME Activity No. ....

(Registration Number as given in Registration Letter)

conducted on/during* ....

[date(s), month, year of activity as given in Registration Letter]

Under the authority of the above CME Provider accredited by the Kuwait Institute for Medical Specialization for conducting continuing medical education/continuing professional development activities, I/We certify that the above participant is entitled to claim .... credits in Category 1 under the MPC Program.

(number of credits)

....	....
CME Organizer/Authorized officer	Date

(Sample text for Certificate of Attendance Category 2 activity)

(Logo of CME Provider, if available)

....

(Name of CME Provider as given in Registration Letter)

This is to certify that

....

(Name of participant)

participated in

....

(Name of activity as given in Registration Letter)

CME Activity Registration No. ....

(Registration Number as given in Registration Letter)

conducted on the days listed below.

I/We certify that the above participant is entitled to claim a total of .... credits under Category 2 of the MPC Program.

Date Attended	Credits
....	....
....	....
....	....
....	....
....	....
....	....
....	....
....	....
....	....
....	....
....	....
....	....
....	....

....

CME Organizer/Authorized officer Date