

**ORGANIZER(S)**

**LOGO(S)**

## Certificate of Attendance

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This is to certify that

.....  
(Name of participant)

Participated in

.....  
[Name of activity as given in Registration Letter]

CME/CPD 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 CPD Provider accredited by the Kuwait Institute for Medical Specialization for conducting continuing medical education/continuing professional development activities (CME/CPD), I/we certify that the above participant is entitled to claim ..... CME/CPD Credits in Category 1 under the MPC Program.

[Number of credits]

.....  
CPD Provider/Organizer Authorized Signature

.....  
Date