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**YOUR HOSPITAL**

*Certificate of Attendance*  
***Donald Duck M.D.***

*has attended*

***2nd Annual Pediatric Meeting***

***November 30, 2001 - December 2, 2001***

***Your Hospital*** is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

***Your Hospital*** designates this continuing medical education activity for **5** credit hours in ***Category 1*** of the Physician's Recognition Award of the American Medical Association.

PLACE SCANNED SIGNATURE HERE

***Director's Name***

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***Director's Title***

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