

CERTIFICATIONS

List all certifications/qualifications attained (for example: residency, injection training, minor ailments, prescribing, etc.):

| Certification/Qualification | Organization | Date Earned | Expiry/Renewal Date (if applicable) |
|------------------------------------|---------------------|--------------------|--|
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PROFESSIONAL ACTIVITIES

List memberships, offices held and/or committee participation in organizations:

| Organization | Membership, Office, or Committee | Dates |
|---------------------|---|--------------|
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List any additional professional activities (e.g. preceptor experience, presentations, poster presentations, publications).