



# American Cleft Palate-Craniofacial Association

## ATTENDANCE CERTIFICATE

**Please print legibly:**

Name \_\_\_\_\_ Reg ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email address: \_\_\_\_\_

I certify that I have attended the 12th International Congress on Cleft Lip/Palate and Related Craniofacial Anomalies, hosted by the American Cleft Palate-Craniofacial Association from May 5-10, 2013 in Lake Buena Vista, FL for continuing education.

COURSE TITLE	DATE	MAXIMUM CREDITS EARNED
<input type="checkbox"/> 12TH INTERNATIONAL CONGRESS	May 6-10, 2013	27.5 hours

Registrant's Signature \_\_\_\_\_ Date \_\_\_\_\_

At the end of the meeting or time of your departure, you must return this form to an ACPA staff member at the registration desk. **You must also complete an online Evaluation Form.** If this form is not returned to the registration desk and the online forms are not completed, we will not be permitted to award continuing education credits.

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**FOR OFFICE USE ONLY**

The American Cleft Palate-Craniofacial Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

**AMA Credit Designation Statement:**

The American Cleft Palate-Craniofacial Association designates this educational activity for a maximum of **27.5 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Cleft Palate-Craniofacial Association certifies that the above named physician has participated in the educational activity titled 12th International Congress in Lake Buena Vista, FL from May 6-10, 2013 and is awarded \_\_\_\_\_ **AMA PRA Category 1 Credit(s)™**. Any questions should be referred to the National Office of the American Cleft Palate-Craniofacial Association at (919)933-9044.

AUTHORIZED SIGNATURE

\_\_\_\_\_  
Nancy C. Smythe, Executive Director  
American Cleft Palate-Craniofacial Association

\_\_\_\_\_  
Date  
*Keep this certificate for your personal records for four years.*