GEORGIA ACADEMY OF FAMILY PHYSICIANS

CERTIFICATE OF PARTICIPATION

This certifies that:

_____

(Name of Physician Participant)

has participated in the educational activity entitled:

2023 Annual Family Medicine CME Meeting

provided by: Georgia Academy of Family Physicians

November 10-12, 2023 Alpharetta, GA

and is awarded up to _____ credits.

AAFP: The AAFP has reviewed 2023 Annual Family Medicine CME Weekend and deemed it acceptable for up to 19.00 Live AAFP Prescribed credits. Term of Approval is from 11/10/2023 to 11/12/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMA: Georgia Academy of Family Physicians (GAFP) is accredited by the Medical Association of Georgia to provide continuing medical education for physicians. Georgia Academy of Family Physicians designates this live activity for a maximum of 19 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

I participated in _____ credits of this CME activity.

_____ _____
Physician Participant's Signature Date

_____
Signature of CME Activity Director

_____
Date