CERTIFICATE OF PARTICIPATION

## The Maine Medical Education Trust certifies that

Name of Participant

## has participated in the live activity titled

### Title of Activity

***Date(s)***

*The Maine Medical Education Trust certifies that* ***[name of participant]*** *has participated in the* ***[learning format]*** *titled* ***[activity title]*** *on* ***[date(s)].*** *This activity was designated for* ***[credit hours]*** *AMA PRA Category 1 Credit(s)TM.* ***[Name of participant]*** *participated for* ***[insert completed hours]*** *hours.*

The Maine Medical Education Trust is accredited by the Maine Medical Association’s Committee on Continuing Medical Education and Accreditation to provide Continuing Medical Education (CME) to physicians**.**

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