**Canadian Council on Continuing Education in Pharmacy**
**Le Conseil canadien de l'éducation permanente en pharmacie**

*Dedicated to the advancement of lifelong learning by pharmacists in Canada*

# Confirmation of French Translation

Program English Name _____

French Title (Please print) _____

CCCEP File # _____ Program Provider/Sponsor _____

**I have translated the above named program into French and confirm that the translation corresponds in every respect to the English version of the originally accredited program, in accordance with Section 23 of the *Guidelines and Criteria for CCCEP Accreditation*.**

Name/Degree(s) (please print) _____

Pharmacist License Number and Province _____
(if applicable)

Current Position and Employer/Facility _____

Complete Mailing Address
_____

Phone _____ Fax _____ Email _____

Signature _____ Date _____

***If the translator is not a pharmacist*, a bilingual pharmacist (external to the sponsor) must certify that the translation accurately reflects the content and clinical relevance of the accredited English program, in accordance with Section 23 of the *Guidelines and Criteria for CCCEP Accreditation*.**

Pharmacist's Name/Degree(s) (please print) _____

Pharmacist License Number and Province _____

Current Position and Facility _____

Complete Mailing Address
_____

Phone _____ Fax _____ Email _____

Signature _____ Date _____



*102-4010 Pasqua Street, Regina, SK S4S 7B9 Phone 306-545-7790 Fax 306-545-7795 Email info@cccep.ca www.cccep.ca*