



Expert Reviewer Release Statement

This form must be completed and signed by the Expert Reviewer and submitted to CCCEP with the Application for Accreditation in accordance with Section 9 of the *Guidelines and Criteria for CCCEP Accreditation*.

If major revisions are made to the program following review by CCCEP, the Executive Director may request Expert Reviewer approval of the final version.

This is to confirm that I have reviewed the program

Program Title _____

to critique the therapeutic and subject content of the entire program including the post test and answer key rationale (where applicable) for clinical relevance, unbiased presentation, completeness, accuracy, and appropriateness of references.

When speaker notes are not submitted for a Live Program, the Expert Reviewers and/or the Executive Director may request a copy if required to facilitate their review.

Program Provider _____

Program Sponsor _____

I confirm that I am not an author or presenter of this program and am not an employee of the program provider or sponsor.

I approve this program for submission for accreditation review as follows:

- ☐ Approved as reviewed (*i.e. no revisions recommended*)
- ☐ Not Approved
- ☐ Approved with the following recommended revisions: (*use a separate page as required*)

Name (please print) _____

Employer/Facility _____ Phone Number _____

Mailing Address _____

Email Address _____

Signature _____ Date _____

ER

Effective November 1, 2004