



# CERTIFICATE OF PARTICIPATION

This certifies that:

\_\_\_\_\_

(Name of Physician Participant)

has participated in the educational activity entitled:

Diversity, Equity, and Cultural Humility in Healthcare Symposium

(Title of CME Activity)

provided by: American Academy of Family Physicians

(Name of CME Provider)

10/1-2/2021

(Date of Activity)

Houston, Texas and Louisiana

(City/State of Activity)

and is awarded up to 5.0 credits.

The AAFP has reviewed Diversity, Equity and Cultural Humility in Healthcare Symposium and deemed it acceptable for up to 5 Online Only, Live AAFP Elective credit. Term of Approval is from 10/1/2021 to 10/2/2021. 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

Amanda Ford, M.S., RDN, LD

Signature of CME Activity Director

9/20/2021

Date