**BROCHURE**

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**(Program Title)**

**Date of Activity:**

**Venue:**

**Activity Code:**

**Format and Activity Type:**

**Target Audience:**

**Overall Learning Outcomes:**

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| **Time** | **Teaching Formats including Interactivity** | **Topic and Learning Objective** | **Category**  | **Speaker’s Name** **Designation****/Organization** |
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This activity is an Accredited Group Learning Activity **Category 1** as defined by the Ministry of Public Health’s Department of Healthcare Professions - Accreditation Section and is approved for a maximum of **\_\_** hours.

**The scientific planning committee has reviewed all disclosed financial relationships of speakers, moderators, facilitators, and/or authors in advance of this CPD activity and has implemented procedures to manage any potential or real conflicts of interest.**