

**Sonography  
Canada**



**Échographie<sup>®</sup>  
Canada**

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*Name of Program*

**Certifies that**

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*Member Name*

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*Member #*

Has earned #\_\_\_\_\_ Sonography Based CPD credits for Preceptor Training

Has earned #\_\_\_\_\_ Sonography Based CPD credits acting as a CCSA Assessor

*Program Title(s)*

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*From Date to Date (M/D/Y)*

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**Sonography Canada-CPD Number**

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**Program Coordinator**