**Confirmation of French/English Translation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Translation** | English to French | French to English | |
| **Program Title (English)** | Click here to enter program title in English. | | |
| **Program Title (French)** | Click here to enter program title in French. | | |
| **CCCEP File #** | Click here to enter CCCEP file number. | | |
| **Program Provider** | Click here to enter program provider name. | | |
| **Program Sponsor** | Click here to enter program sponsor name | | |
| **Contact Person Name** | Click here to enter name. | **Phone** | Phone number |

**Translator Declaration:**

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

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| --- | --- | --- | --- | --- | --- |
| **Translator Information and Certification** | | | | | |
| **Name** | Click here to enter name. | | **Education Credentials** | | Enter credentials |
| **License Number and Province (if applicable** | | | Click here to enter licence number. | | |
| **Complete Mailing Address** | | Click here to enter complete mailing address. | | | |
| **Phone:** | Enter phone number. | | **Email:** | Click here to enter e-mail. | |
| **I am a pharmacy/medical professional?** | | | yes | | no |
| **Signature** |  | | | **Date** Click here to enter a date. | |

If the translator is not a pharmacy or medical professional, a bilingual pharmacy or medical professional (external to the sponsor) must certify that the translation accurately reflects the content and clinical relevance of the accredited program, in accordance with the Standards and Guidelines of CCCEP Accreditation.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pharmacy/Medical Professional Information and Certification** | | | | | | | |
| **Name** | Click here to anem text. | | | | **Education Credentials** | | Enter credentials. |
| **License Number and Province** | | | Click here to enter licence number. | | | | |
| **Current Position and Faculty/organization** | | | | Click here to enter position and organization. | | | |
| **Complete Mailing Address:** | | |  | | | | |
| **Phone** | | Cnter phone number. | | | Email: | Enter e-mail | |
| Signature | |  | | | Date | Click here to enter a date. | |