Schering-Plough

8 Harrowdene Office Park,
Western Service Road,
Woodmead, 2148

CPD CERTIFICATE

I, the undersigned, acting as representative of the aforementioned CPD Provider, hereby certify that:

Dr G Vardi

MP 0283738
(HPCSA Registration number)

who is a (General Practitioner/Medical Specialist)

Participated/attended the following approved CPD Activity / Programme

Glucocorticosteroids 2009 Seminar

on

Date: 16 May 2009 Venue: Sandton

The Medical and Dental Professional Board's approved CPD reference number as agreed to and proposed by the South African Academy of Family Practice/Primary Care is as follows:

MDB017/117/03/2009 1
(Category Number)

And I certify that the said Practitioner qualifies for (total) **10** CPD point/s

Signature on behalf of Provider

Designation: Marketing Assistant

Date: 16 May 2009 Place: Woodmead