COLLEGE OF MEDICINE OF SOUTH AFRICA

P O BOX 17004, CONGELLA 4013

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

Dr G Vardi

(HPCSA Registration number)

MP 283738

(participated/attended) the following approved CPD Activity(ies)/Programme

THE SOUTH AFRICAN ORTHOPAEDIC ASSOCIATION CONGRESS 2006

on

6 – 10 SEPTEMBER 2006

The Medical and Dental Professional Board's approved CPD reference number is as follows:

AO15/012/08/2006

and I certify that the said practitioner qualifies for (total) 10 of CPD points, obtained as follows:

	Clinical	Ethics	Non-Clinical
Category 1			
Category 2			
Category 3			10
TOTAL			10

SAOA

SIGNATURE ON BEHALF OF PROVIDER

DESIGNATION: EXCO MEMBER

DATE: 10 SEPTEMBER 2006 **PLACE:** DURBAN