###### **Certificate of Attendance**

**Insert Name**

has participated in

**Open Disclosure Face to Face Skills Workshop**

at

***XX***

on

***Date***

**Time XX - XX**

**RCPI *(app reference XX)* Nursing Midwifery Board Ireland**

Approved *3* CPD Credits in the Category 1 Approval: 3 CEUs

External CPD Category

T RCPI CPD Recognition is accepted by all Irish Postgraduate Training Bodies

  RCPI 1 CPD Credit is equivalent to 1 hour of educational activity

**Facilitator(s):**

* Insert Names and Titles of Facilitator(s)

Contact email: OpenDisclosure.Office@hse.ie