



GP Lens Institute

**GPLI Student Certificate of Achievement Requirements
ACTIVITY CONFIRMATION FORM**

Student Name: _____

Activity: _____

Description of Activity (from GPLI requirements):

I, _____ (Faculty/Preceptor) hereby affirm that
_____ (Student) has participated in the above
activity to a satisfactory level, so as to qualify for completion as part of the requirements for the
GPLI Student Certificate of Achievement.

Faculty/Preceptor Signature: _____

Faculty/Preceptor Email: _____

Date Signed: _____