



*Minimally Invasive Bariatric Surgery –
Certificate of Attendance*

Crozer Chester Medical Center Metabolic & Bariatric Surgery Program Support Group
Attendance Verification:

Name: _____
(print)

Support Group #1 – Crozer Chester Medical Center

Date: ____/____/____ CCMC Facilitator: _____
(Signature)

Support Group #1 – Other Bariatric Support Group

Date: ____/____/____

Location: _____ Facilitator Name: _____

Take-Aways:

1. _____
 2. _____
 3. _____
-

Support Group #2 – Crozer Chester Medical Center

Date: ____/____/____ CCMC Facilitator: _____
(Signature)

Support Group #2 – Other Bariatric Support Group

Date: ____/____/____

Location: _____ Facilitator Name: _____

Take-Aways:

1. _____
 2. _____
 3. _____
-

Metabolic and Bariatric Surgery Team Staff Only:

Date Received: ____/____/____

Received & Scanned by: _____