

# ***LETTER OF COMPLETION***



certifies that

**Yann GEFROTIN,  
46 rue de l'eglise  
Sartrouville 78500**

has participated in the educational activity titled

## **Optimizing Outcomes in Atrial Fibrillation Symptom Management**

on the Internet at <http://www.medscapecme.com>

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A handwritten signature in black ink that reads "Cyndi Grimes".

**Cyndi Grimes  
Director, Continuing Medical Education  
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