



**CME Request Form**

**American Medical Association**

Course:  ADLS  BDLS  CDLS

Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Only **physician participants** (MD, DO, or equivalent international medical degree) are eligible to receive *AMA PRA Category 1 Credit™*. Physicians will receive a certificate of credit, indicating one credit for each hour of participation, rounded to the nearest quarter credit (or hour). Physicians must complete this form to receive AMA PRA Category 1 Credit.

**Non-physician participants** may complete this form to obtain a certificate of participation indicating that this activity was approved for AMA PRA Category 1 Credit.

**Check one** (please print):

Physician: Certificate of Credit

Non-physician: Certificate of Participation

Name/Degrees: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Hours of participation claimed (not to exceed 15.5):** \_\_\_\_\_

**For physicians only:**

Please check one below:

U.S. Licensed Physician      Medical Education Number\*: \_\_\_\_\_

Non-U.S. Licensed Physicians

Specialty: \_\_\_\_\_

Date of birth\*\* (mm/dd/yyyy): \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\* The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card.

\*\*Date of birth assists in uniquely identifying physicians for purposes of credit processing