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Continuing Medical Education

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Credit Claim Form

Educational Activity Name:
Activity Date:

SUNY Upstate Medical University maintains records of learner participation for six years. To enable SUNY CME to maintain a record of your participation, you must complete, sign, and return this form to the educational activity registration desk. A certification of completion will be mailed to you within 3 weeks.

SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

SUNY Upstate Medical University designates this educational activity for a maximum of AMA PRA Category1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

PLEASE PRINT CLEARLY and complete all sections	
Name First MI Last	
Degree	Title (Dr. Mr. Mrs. Ms. Etc.)
Specialty	
Company	
Department	
☐ Home ☐ Work Address **Please provide address where you would like the certificate mailed**	
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Last Four Digits of SS# * Last four digits of Social Security number (or Canadian equivalent) is required if a record of CME credit is desired.	

I claim _____ *AMA PRA Category 1 credit(s)*™ for participating as a learner in this activity (1 credit for each hour of participation, not to exceed credits).

I claim _____ *AMA PRA Category 1 credit(s)*™ for participating as faculty in this activity (2 credits for each hour of interaction). PLEASE NOTE: Physicians should only claim credit as faculty for presentations that are original and presented for the first time.

Signature