

## CREDIT ADJUSTMENT FORM (MDs and Dos ONLY)

Title of CME Activity:

Location: ZOOM

Date:

***Instructions: To receive AMA PRA Category 1 Credit™, Complete the information below and submit to email provided. Please allow 4 to 6 weeks for CME processing.***

Name \_\_\_\_\_ Degree \_\_\_\_\_

Email \_\_\_\_\_

(for receipt of CME Certificate of Credit)

Specialty \_\_\_\_\_ Last 4 digits ONLY of Social Sec. # \_\_\_\_\_  
(for credit recording purposes only)

Mailing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

**Please check (✓) the sessions you attended: Adjust below as appropriate to your course** ✓

1.00 \_\_\_\_\_

**This is to certify that I have attended a total of 1.0 hour (not to exceed 1.00 hour).**

Please type your First and Last Name to sign form

**Electronic Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree with information displayed in this document.