



CONTINUING MEDICAL EDUCATION ATTENDANCE VERIFICATION FORM

The American College of Occupational and Environmental Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Occupational and Environmental Medicine designates this live activity for a maximum of 27.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

THIS IS YOUR CME/ATTENDANCE RECORD - KEEP THE YELLOW COPY FOR YOUR FILES - CME CERTIFICATES WILL NOT BE ISSUED

DIRECTIONS:

1. Enter actual number of continuing education hours you attended. Note: Breaks and non-session lunches do not count towards your credit.
2. Complete your contact information and sign the form to verify the continuing education hours you attended is correct.
3. Return the top copy of this form to the ACOEM Registration Desk or mail or fax it to the ACOEM office.
4. The bottom copy is for your records and serves as your official CME Attendance Verification. (*No certificates will be issued - credit will appear in your online ACOEM transcripts after 30 days*).

2010 American Occupational Health Conference	Maximum CME Hours Available*	CME Hours Actually Attended
Saturday, March 26, 2011	5.5	
Sunday, March 27, 2011	6	
Monday, March 28, 2011	6	
Tuesday, March 29, 2011	3	
Total CME Hours:		

*The hours above do not include meal sessions or sessions 7104, 7210, or 7302

Additional CME Hours Available		
*The hours above do not include meal sessions or sessions 7104, 7210, or 7302. In order to claim credit for meal sessions or for sessions 7104, 7210, or 7302, you must have registered and paid for each of these sessions (when applicable). If you have additional hours to claim, please check the appropriate box below so that credit may be awarded. Each session is worth a maximum of 1 AMA PRA Category 1 Credit™.		
Saturday	7AM	<input type="checkbox"/> 7104
Saturday	12PM	<input type="checkbox"/> 7100 <input type="checkbox"/> 7101 <input type="checkbox"/> 7102 <input type="checkbox"/> 7103
Sunday	7AM	<input type="checkbox"/> 7201 <input type="checkbox"/> 7202 <input type="checkbox"/> 7203 <input type="checkbox"/> 7204
Sunday	12PM	<input type="checkbox"/> 7205 <input type="checkbox"/> 7206 <input type="checkbox"/> 7207 <input type="checkbox"/> 7208 <input type="checkbox"/> 7209
Sunday	5PM	<input type="checkbox"/> 7210
Monday	6PM	<input type="checkbox"/> 7302
Tuesday	7AM	<input type="checkbox"/> 7400 <input type="checkbox"/> 7401 <input type="checkbox"/> 7402 <input type="checkbox"/> 7403
Additional CME Hours Claimed (if applicable):		

ACOEM ID (located on your AOHC Course schedule): _____ ACOEM Member: YES NO

Last Name: _____ First Name: _____

City: _____ State: _____

Phone: (____) _____ eMail: _____

I hereby certify that I attended the hours as indicated above and understand that a CME certificate will not be issued, that I may obtain a copy of my transcript online via the ACOEM website.

Signature: _____ Date: _____

PLEASE COMPLETE THIS FORM AND RETURN THE TOP COPY ONLY TO:
ACOEM Registration Desk - **or mail/fax to-** Fax: (847) 818-9286
ACOEM, Education Department, 25 Northwest Point Blvd, Ste 700, Elk Grove Village, IL 60007