

Managing Rheumatoid Arthritis in the Primary Care  
Setting  
Part 7 - Drug Safety II: Biologics

CME/CE  
Attendance  
Verification and  
Credit Request Form

<b>Activity Title:</b>	Managing Rheumatoid Arthritis in the Primary Care Setting Part 7 - Drug Safety II: Biologics
<b>Activity Code:</b>	031110RHE
<b>Activity Date(s):</b>	
<b>Location:</b>	Satellite Broadcast/Web-cast
<b>Maximum Credits Available:</b>	0.5 <i>AMA PRA Category 1 Credit</i> <sup>™</sup> 0.5 Contact hours, AACN

**Instructions:**

Please complete this form and return it to the coordinator at the conclusion of the activity. Credit cannot be awarded and attendance cannot be verified unless this form is returned.

Please Print Clearly	FULL NAME		DEGREE(s)	
	Last Four Digits of SSN (for Tracking)			
	Specialty			
	MAILING ADDRESS			
	CITY	ST	ZIP	
	PHONE	FAX		
	E-MAIL ADDRESS			

Please note: Your certificate will be mailed to the address above within six weeks.

**TYPE OF CREDIT REQUESTING (please check one)**

- 0.5 *AMA PRA Category 1 Credit*<sup>™</sup>       0.5 Contact hours, AACN

**CREDIT REQUEST (please check one)**

- I participated in the entire activity and claim the maximum number of credits offered
- I did not complete the entire activity, but I claim \_\_\_\_\_ hours/credits
- This activity does not offer my desired credit type, but I request a certificate of completion

Signature	Date
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Please return this form to: UT Southwestern Medical Center, Office of Continuing Education  
5323 Harry Hines Blvd. Dallas, TX 75390-9059 or fax to: 214-648-2317 or e-mail to:  
cmeregistrations@utsouthwestern.edu

