

Managing Rheumatoid Arthritis in the Primary Care
Setting
Part I - New Onset Polyarthritis

CME/CE
Attendance
Verification and
Credit Request Form

| | |
|----------------------------|---|
| Activity Title: | Managing Rheumatoid Arthritis in the Primary Care Setting Part I - New Onset Polyarthritis |
| Activity Code: | 111009RHE |
| Activity Date(s): | |
| Location: | Satellite Broadcast/Web-cast |
| Maximum Credits Available: | 0.5 <i>AMA PRA Category 1 Credit</i> [™] 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 Credits*[™] 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 |
|-----------|------|

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

