

Managing Rheumatoid Arthritis in the Primary Care
Setting
Part 3 - RA vs. Other Forms of Chronic Polyarthritis

CME/CE
Attendance
Verification and
Credit Request Form

Activity Title:	Managing Rheumatoid Arthritis in the Primary Care Setting Part 3 - RA vs. Other Forms of Chronic Polyarthritis
Activity Code:	011310RHE
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 Credit*[™] 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

