Department of Medicine Grand Rounds
August 2009 – June 2010
DS1012

UW Medicine
SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION

Registration form for AMA Category 1 Credit

If you wish to receive CME category 1 credits for attending Medicine Grand Rounds sessions (one hour per session), please complete this form and mail it with your payment to the address below. Registration forms and payment for the August 2009– June 2010 Medicine Grand Rounds must be sent to the CME Office. **You must sign in at Grand Rounds each time you attend to receive credits.** Certificates of attendance will be mailed directly to you in July. (Maximum credit – 40.0 hours.)

UW faculty complete the following:

PRINT Your Name _____
First Last Title (MD, DO, NP, PA, RN, etc.)

Box number _____ Department _____

Phone _( )_____ Fax __( )_____

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If you are not a UW faculty member, complete the following:

PRINT Your Name_____
First Last Title (MD, DO, NP, PA, RN, etc.)

Address _____

City/State/Zip _____

Phone _( )_____ Fax __( )_____

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LOCATION YOU WILL BE ATTENDING _____
(i.e. the VA, HMC, UW, Hutch/SCCA, Harrison Hospital)

Complete this form and return to the CME Office with your check or debit/credit card information in the amount of $38.00. Please make checks payable to the ***University of Washington***

Mail to: University of Washington School of Medicine
Continuing Medical Education
Box 359441
Seattle, WA 98195

Fax (206) 221-4525
(for credit card payments only)

____Enclosing Check (made Payable to the *University of Washington*). ___VISA ___ Mastercard

Card Number _____ Exp. Date _____

Signature _____