



CERTIFICATE OF PARTICIPATION

The American Academy of Family Physicians certifies that

_____ *has participated in the WWAMI
Faculty Development Conference and is awarded up to 9.5 credits (maximum) of prescribed AAFP Continuing Medical Education*

*This Live activity, Montana WWAMI Faculty Development Conference, with a beginning date of **March 30, 2012** has been reviewed and is acceptable for **up to 9.50** Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

AMA/AAFP Equivalency: AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit toward the AMA Physicians™ Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1. If you have any questions concerning approval of your activity, please contact the AAFP CME Credit Systems & Compliance Office at 1-800-274-2237 or cmea@aafp.org. Please refer to **application number # 56075** for this CME.

**WWAMI Faculty Development Conference at Big Sky
Bozeman, Montana
March 30-April 1, 2012**

I participated in _____ credits of this CME activity.

Physician Participant's signature

Date



**Thomas Greer, MD, MPH - UWSOM
Program Chairman**

