

Physicians may claim AMA PRA Category 1 Credit™ directly from the AMA for learning that occurs as a result of the activities below. Please submit all required documentation with this application. One certificate will be provided for each type of activity checked. Credit can only be awarded for activities taking place or **completed within the last 6 years**. Applicants should keep a copy of the application and supporting documentation submitted.

Applicant Name (please print): _____

Categories

Teaching in Live CME Activities (2 credits per hour of interaction)

Credit may only be claimed for teaching only at a live activity that is designated for AMA PRA Category 1 Credit. This credit is for preparing and presenting an original presentation and may only be claimed once for a repeated presentation. You cannot claim credit on this form if you have already been awarded credit for the same presentation from the accredited provider of the activity.

Documentation: Attach the program or announcement indicating speakers, accredited providers, and designation statements, dates and locations of each activity included.

Number of activities submitted: _____ **Total hours of presentation:** _____ **Number of credits (hours x 2):** _____

Certificate dates: You will receive one certificate indicating the date range for the past 3 years in which you are claiming credit for teaching. The start date will be the start date of your first activity submitted, and the end date will be the end date of the most recent activity submitted. If submitting activities that took place more than 3 years ago you will receive a separate certificate for these activities.

Poster Presentation(s) (5 credits per poster)

Credit may be claimed for preparing a poster presentation that is included in the published abstracts for a conference designated for AMA PRA Category 1 Credit.

Documentation: Attach the pages in the program showing the poster abstract, name of presenter, date of activity, and accredited providers.

Number of posters: _____ **Total number of credits (posters x 5)** _____

Certificate dates: If multiple posters are submitted for the past 3 years, you will receive one certificate indicating the date range in which you are claiming credit for poster presentations, with the start date being the presentation date of the earliest poster submitted, and the end date being the presentation date of the most recent poster submitted. If submitting poster presentations that took place more than 3 years ago you will receive a separate certificate for these activities.

Published Article(s) (10 credits per article)

Credit may be claimed for publishing, as a lead author (**the lead author must be listed as the first author**), an article in a journal included in the MEDLINE bibliographic database. This does not include editing activities or contributions to books.

Documentation: Attach a reprint or copy of each article's first page with a listing of authors, publication date, and name of journal.

Number of articles: _____ **Number of credits (articles x 10):** _____

Certificate dates: If multiple articles are submitted, you will receive one certificate indicating the date range for the past 3 years in which you are claiming credit for published articles, with the start date being the publication date of the earliest article submitted, and the end date being the publication date of the most recent article submitted. If submitting articles that took place more than 3 years ago you will receive a separate certificate for these activities.

Medically Related Advanced Degree (25 credits)

Obtaining a medically related advanced degree, such as a Masters in Public Health(MPH), is eligible for AMA PRA Category 1 Credit. This cannot be claimed if individual courses within the academic program were already certified for AMA PRA Category 1 Credit.

Documentation: Attach a copy of the diploma or notification letter indicating the degree and date of completion.

Certificate dates: The activity date will match the date of completion on your submitted diploma or notification letter.

American Board of Medical Specialties (ABMS) member board certification, recertification and Maintenance of Certification (MOC®) (25 credits) Visit www.abms.org to see if your Board qualifies.

Documentation: Attach a copy of the certificate or specialty board notification letter.

Certificate date: The activity date will match the date of completion on your submitted certificate or notification letter.



Attestation

I hereby certify that all information provided in this application is complete and correct to the best of my knowledge.

Signature _____ Date _____ / ____ / ____

Application Information

Last Name [Grid] Degree MD DO

First Name [Grid] Date of Birth [Grid] / [Grid] / [Grid] Medical Education Number (11-digit number) [Grid]

Mailing Address [Grid]

City [Grid] State [Grid] Zip Code [Grid]

Phone Number [Grid] Fax Number [Grid] Primary Email Address- **Mandatory in order to receive certificate** [Grid]

Medical School [Grid] Year of Graduation [Grid] Secondary Email Address [Grid]

Payment Information

| Processing Fees: (check one) | # of categories checked: | <input type="checkbox"/> AMA Member | <input type="checkbox"/> Non-AMA Member † | Total Cost |
|--|--------------------------|-------------------------------------|---|------------|
| <input type="checkbox"/> Standard (4 weeks) | _____ X | \$30 | \$75 | \$ _____ |
| <input type="checkbox"/> Expedited (processed and mailed within 2 business days of receipt if application received by 10:00 a.m. CST, must be faxed, credit card payment only) | _____ X | \$50 | \$100 | \$ _____ |

† For AMA membership information, please visit www.ama-assn.org or call 800 262-3211.
The processing fee is nonrefundable.

*** All certificates will be emailed.**

Check Enclosed (Payable to American Medical Association)
 Credit Card: Visa MasterCard American Express/Optima

For office use:
Credit Certificate: EA39-4221

Name (as it appears on your credit card) [Grid] Account Number [Grid]

Authorized Signature of Cardholder _____ Expiration Date [Grid] / [Grid] / [Grid]

If returning by mail:
American Medical Association
Continuing Physician Professional Development
515 N. State Street, Rm 7544
Chicago, IL 60654

If returning by fax or email:
Fax: (312) 464-5129
(include credit card information)
Email: pra@ama-assn.org

Questions?
(312) 464-5296