

**Department of Medicine Grand Rounds
August 2009 – June 2010
DS1012**



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 () _____~~

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

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

Mailing Address _____

City/State/Zip _____

Phone () _____ Fax () _____

NAME OF HEALTHCARE FACILITY FROM WHERE YOU WILL BE ATTENDING VIA VIDEO:

(i.e. Sitka Community Hospital, Central Peninsula Hospital, Providence Valdez, etc.)

Payment Information

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 Fax (206) 221-4525
Continuing Medical Education (for credit card payments only)
Box 359441
Seattle, WA 98195

_____ Enclosing Check (made Payable to the <i>University of Washington</i>). ___ VISA ___ MasterCard	
Card Number _____	Exp. Date _____
Signature _____	