



ATTENDANCE VERIFICATION FORM

AMA PRA Category 1 Credit(s)TM & ABPM MOC Credit

DIRECTIONS:

1. Enter the number of educational hours you attended next to the type of credit you wish to claim and complete your contact information.
2. For those who are certified in occupational medicine by ABPM and are wishing to claim ABPM MOC credit, please note that you must list your answers to the MOC Self-Assessment in the space provided on this form. You must also list your actual hours in the table below.
3. Submit this form to on-site staff or to: ACOEM, Ed. Dept., 25 Northwest Point Blvd, Ste. 700, Elk Grove Village, IL 60007 ~ You may also fax to: 847-818-9286. Or scan/email to: educationinfo@acoem.org

MOEMA 2017 Annual Scientific Meeting October 6-7, 2016	Maximum Hours Available	Hours Actually Attended
AMA PRA Category 1 Credit(s) TM (Activity Code: MAOEM0917)	14.0	
ABPM MOC Credit (ABPM Course Code: 1470) <i>**This credit is applicable ONLY for those that are certified in occupational medicine by the American Board of Preventive Medicine (ABPM). Please do not claim credit if you are not an ABPM diplomate.</i>	14.0**	

If you wish to be awarded **ABPM MOC credit, please note that you must list your answers to the MOC Self-Assessment here and list the number of hours attended under MOC in the table above:

- | | | | |
|-----------|-----------|-----------|-----------|
| 1. _____ | 12. _____ | 23. _____ | 34. _____ |
| 2. _____ | 13. _____ | 24. _____ | 35. _____ |
| 3. _____ | 14. _____ | 25. _____ | 36. _____ |
| 4. _____ | 15. _____ | 26. _____ | 37. _____ |
| 5. _____ | 16. _____ | 27. _____ | 38. _____ |
| 6. _____ | 17. _____ | 28. _____ | 39. _____ |
| 7. _____ | 18. _____ | 29. _____ | 40. _____ |
| 8. _____ | 19. _____ | 30. _____ | 41. _____ |
| 9. _____ | 20. _____ | 31. _____ | 42. _____ |
| 10. _____ | 21. _____ | 32. _____ | |
| 11. _____ | 22. _____ | 33. _____ | |

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ eMail: _____

I hereby certify that I attended the hours as indicated above.

Signature: _____ Date: _____

Your AMA PRA Category 1 Credit(s)TM will post to your ACOEM CME transcript within 60 days of receipt of this form. To access a copy of your transcript for proof of CME, please visit the following link: <http://www.acoem.org/MyCMETranscript.aspx>. Your MOC credits will be transferred to ABPM and will post to your ABPM profile within 60 days within receipt of this form. Contact ABPM for proof of MOC credit (312-939-2276).