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**TITLE OF CONFERENCE**

**VERIFICATION OF ATTENDANCE**

Credits claimed by the physician participant and awarded by The Ohio State University Medical Center should match the period of formal interaction between faculty and the physician audience. To assist this office in its efforts to support your participation in this CME activity, check the boxes at the left side of the page for those sessions in which you participated and sign the form below where indicated.

*You may* *claim credit only for the presentations or sessions in which you actually participated, and* ***you must turn in this form to receive CME credit.***

[ ]  8:00 am **Presentation Title** (Speaker LastName) # of credits (i.e. 1.25 hrs)

[ ]  9:15 **Presentation Title** (Speaker LastName) # of credits (i.e. 0.5 hr)

[ ]  9:45 **Presentation Title** (Speaker LastName) # of credits (i.e. 0.75 hr)

[ ]  10:30 **Panel Discussion/Questions**  # of credits (i.e. 0.25 hr)

 10:45 BREAK

[ ]  11:00 **Presentation Title** (Speaker LastName) # of credits (i.e. 1 hr)

[ ]  12:00pm **Presentation Title** (Speaker LastName) # of credits (i.e. 0.5 hr)

 LUNCH

[ ]  3:45 **Evaluation**

**OR**

[ ]  **ALL DAY [total credits for the day]**

**Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL CREDITS: \_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This live activity has been designated for a maximum of [total credits for the day]*AMA PRA Category 1 Credit*(s)™. I confirm that I attended the hours indicated above.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**