

***This form must be completed and returned to AANS in order to receive CME credit and certificate**

[Enter Meeting Title Here]
 Jointly Sponsored by AANS
[Enter Meeting Date Here]
[Enter Meeting Location Here]

Sample CME Attendance Verification Form

If all sessions are attended, a maximum of 21.50 AMA PRA Category 1 Creditstm will be awarded

DATE/TIME	PRESENTATION	SUB-SPECIALTY	MAXIMUM # OF AVAILABLE CREDITS	CREDITS YOU ARE CLAIMING
<u>Saturday, January 28</u>				
8:00 am - 10:30 am	Tumor Papers	Tumor	2.50	
4:00 pm - 6:30 pm	Tumor Papers	Tumor	2.50	
<u>Sunday, January 29</u>				
8:00 am - 10:30 am	Pediatrics/Hydrocephalus/Trauma	General	2.50	
4:00 pm - 6:30 pm	General/Functional	General	2.50	
<u>Monday, January 30</u>				
8:00 am - 10:30 am	Spine Papers	Spine	2.50	
4:00 pm - 6:30 pm	Spine/Peripheral Nerve/Functional	General	2.50	
<u>Tuesday, January 31</u>				
8:00 am - 10:30 am	Spine/Vascular/Skull Base	General	2.50	
4:00 pm - 6:30 pm	Vascular/Skull Base	General	2.50	
<u>Wednesday, February 1</u>				
9:00 to 10:30 a.m.	Tumor/General Neurosurgery	General	1.50	
TOTAL CREDITS CLAIMED			21.50	

Please check the one which best describes you:

- Neurosurgeon Non-neurosurgeon physician: _____ (indicate specialty)
 RN PA other: _____ (please specify)

I hereby certify that the above information is correct and that I attended the meeting identified and earned the hours claimed.

PLEASE PRINT		
Full Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
Signature: _____	Date: _____	

In order to receive CME credit, this form must be completed and returned to the meeting registration desk before you leave.
 If you forget to turn in this form before you leave, please fax to: **[Contact Information]** at **[#]** by **[Date]**.
 Questions? Call **[Contact]** at **[#]**