

Step 2

REPORT OTHER ACTIVITIES THAT REQUIRE DOCUMENTATION

YOUR FORM CANNOT BE PROCESSED WITHOUT PROPER DOCUMENTATION FOR THE FOLLOWING ACTIVITIES

<p>TEACHING/PRESENTATIONS AT LIVE CME ACTIVITIES</p> <p>Teaching credit can only be claimed for an original presentation at a live activity that has been certified to award <i>AMA PRA Category 1 Credits™</i>. You can only claim credit once for repeated presentations. You cannot claim simultaneous credit as a learner for sessions at which you present.</p> <p>Documentation: A copy of the pages used to announce or describe the activity. Include the name of the speaker, accredited CME provider, AMA Credit Designation Statement, date and location of the activity.</p> <p>Awarded: 2 <i>AMA PRA Category 1 Credits™</i> Per one (1) hour of presentation time</p>	<p>SPECIALTY BOARD CERTIFICATION</p> <p>Completing certification or Maintenance of Certification (MoC) recognized by the American Board of Medical Specialties (ABMS). Physicians have two options for claiming credit for this activity: 1) AMA recognizes this activity for a one-time award of 60 <i>AMA PRA Category 1 Credits™</i>. 2) The Medical Board of California recognizes this activity for 100 CME credits over four years (25 credits per year).</p> <p>Documentation: A copy of the board certificate or the specialty board notification letter.</p>
<p>TEACHING RESIDENTS AND MEDICAL STUDENTS</p> <p>Accredited CME providers that are also accredited by either the Accreditation Council for Graduate Medical Education (ACGME) and/or Liaison Committee on Medical Education (LCME) can certify a live activity to award <i>AMA PRA Category 1 Credit™</i> to faculty, to recognize the learning that occurs in the preparation for teaching residents and/or medical students.</p> <p>Documentation: Provide a letter printed on letterhead from the Coordinator or Education Department of the accredited CME program which verifies the hours you have spent teaching, and confirms the qualifications listed above, or provide a certificate with a designation statement.</p> <p>Awarded: 2 <i>AMA PRA Category 1 Credits™</i> for every 1 hour you teach</p>	<p>RESIDENCY/FELLOWSHIP PROGRAMS</p> <p>Completing an ACGME accredited residency or fellowship program. Physicians have two options for claiming credit for this activity: 1) AMA recognizes this activity for 20 <i>AMA PRA Category 1 Credits™</i> per year for up to three years. 2) The Medical Board of California recognizes this activity for up to 6 hours of CME each month.</p> <p>Documentation: A certificate or letter of completion from the approved ACGME-accredited residency or fellowship program.</p> <p>PREPARING A POSTER PRESENTATION</p> <p>A poster presentation, as the first author at a certified activity.</p> <p>Documentation: A copy of the pages in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA Credit Designation Statement, title and date of activity.</p> <p>Maximum: 1 poster for 5 <i>AMA PRA Category 1 Credits™</i> each year</p>
<p>MEDICALLY-RELATED ADVANCED DEGREE</p> <p>Obtaining a medically related advanced degree, such as a master's in public health. Note: This is not applicable if the academic program certified individual courses for <i>AMA PRA Category 1 Credit™</i>.</p> <p>Documentation: Provide a copy of your diploma or final transcript.</p> <p>Maximum: 25 <i>AMA PRA Category 1 Credits™</i></p>	<p>PUBLISHING AS A LEAD AUTHOR</p> <p>Publishing an article as the lead (first-listed) author in a peer-reviewed journal included in the MEDLINE bibliographic database.</p> <p>Documentation: Provide documentation which includes the name of the author <u>listed first</u>, the name of the journal and the date published.</p> <p>Maximum: 1 article for 10 <i>AMA PRA Category 1 Credits™</i> each year</p>

Activity Date(s) MM/DD/YY	Description of Activity	CME Credits (Requires Documentation)

Step 3

SIGN. SUBMIT PAYMENT. KEEP A COPY. SEND.

I certify that this is a true statement of my continuing education for the period reported. I verify that my license number, expiration date, and address are correct.

Physician's Signature (required) _____ M.D. or D.O. _____
 Circle _____ Date _____

Phone: _____ Email: _____

The fee for each 12 month period reported is: **CMA Member: \$37, Non-Member: \$59**

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Report Online at: <http://www.imq.org/ContinuingMedicalEducation/CMECertification.aspx>

Questions about CME Certification? Contact **Julio Samper** at (415) 882-3387 or cmecertification@imq.org

THANK YOU!

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