

VERIFICATION OF PARTICIPATION

Society of Cardiovascular Anesthesiologists *Surgical Anatomy Wet Laboratory and Basic Transesophageal Echo* **February 14-16, 2005, San Diego**

Return to: SCA, PO Box 11086, Richmond, VA 23230-1086 or fax to (804) 282-0090.
Forms **MUST** be returned no later than April 15, 2005 to receive a CME certificate for this educational offering.

The *Society of Cardiovascular Anesthesiologists (SCA)* maintains records of learner participation for six years. To enable SCA to maintain accurate records of your participation and **TO RECEIVE YOUR CME CERTIFICATE**, you must complete, sign and return this form to the SCA's headquarters office. Your certificate of participation will be mailed to you within 4-6 weeks.

SCA designates this educational activity for up to **30.5** hours in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Email address: _____ Daytime Phone # () _____ Ext: _____

Credits

I wish to claim the following number of credits for the above-captioned SCA meeting:
I certify that I am claiming the number of hours I actually spent in the educational activity.

Signature of Attendee _____ Date _____

From the Physician's Recognition Award Information Booklet for CME Providers
"Certificates for AMA PRA category 1 credit should only be given to physicians. Certificates should be provided after physicians complete the educational activity so they can document participation. Certificates should only be given for the actual credit claimed and earned by the physician."

VERIFICATION OF PARTICIPATION

Annual Comprehensive Review & Update of Perioperative Echocardiography:
Clinical Decision Making in the Cardiac Surgery Patient
February 17-19, 2005, San Diego

Return to: SCA, PO Box 11086, Richmond, VA 23230-1086 or fax to (804) 282-0090.

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SCA designates this educational activity for up to **21.5** hours in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Email address: _____ Daytime Phone # (_____) Ext: _____

Credits

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