

VERIFICATION OF PARTICIPATION

Wednesday, May 3, 2006 Workshop Sessions/TEE Review Course
Sheraton San Diego Hotel & Marina

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

Forms **MUST** be returned no later than June 30, 2006 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.

CME Accreditation: The Society of Cardiovascular Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Society of Cardiovascular Anesthesiologists designates this educational activity for a maximum of 4 credits in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those credits 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: _____

*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:*

Credits

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.”