

# VERIFICATION OF PARTICIPATION

Society of Cardiovascular Anesthesiologists 28<sup>th</sup> Annual Meeting  
Problem-based Learning Discussions • Tuesday, May 2, 2006 • 6:45 - 8:00 am

Please check the PBLD you attended.

- |  |   |
|--|---|
| <input type="checkbox"/> Table 17. Deep Hypothermic Circulatory Arrest         | <input type="checkbox"/> Table 21. Pulmonary Hypertension and Thromboembolism |
| <input type="checkbox"/> Table 18. Heparin-induced Thrombocytopenia            | <input type="checkbox"/> Table 22. TEE Hemodynamics: Problem-based approach   |
| <input type="checkbox"/> Table 19. Glucose Management in the OR and ICU        | <input type="checkbox"/> Table 23. A Patient for Lung Transplantation         |
| <input type="checkbox"/> Table 20. Child with Complex Congenital Heart Disease | <input type="checkbox"/> Table 24. Update on Fast-track Cardiac Anesthesia    |

**Return to: SCA, PO Box 11086, Richmond, VA 23230-1086 or fax to (804) 282-0090. Forms MUST be returned no later than June 20, 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.

SCA designates this educational activity for up to **1.25** 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: \_\_\_\_\_

I wish to claim the following number of credits for the above-captioned SCA meeting:

<b>Credits</b>
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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."