Virginia Commonwealth University Office of Continuing Professional Development & Evaluation Studies (CPDE)

VERIFICATION OF PARTICIPATION

Virginia Commonwealth University School of Medicine - Medical College of Virginia Campus
Office of Continuing Professional Development and Evaluation Studies, PO Box 980048, Richmond, VA 23298-0048
804/828-3640 ph 804/828-7438 fax

PLEASE READ:

Virginia Commonwealth University (VCU) maintains records of learner participation for six years. IN ORDER TO CONFIRM YOUR PARTICIPATION AND APPLICABLE CREDIT IN THIS ACTIVITY, **YOU MUST COMPLETE, SIGN, AND RETURN THIS FORM** TO THE CONFERENCE REGISTRATION DESK. A certificate of participation will be mailed to you within 4 weeks.

- Physicians may claim **up to 14 hours in Type 1 or Type 2 CME** on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license.
- VCU designates this educational activity for a maximum of **14 *AMA PRA Category 1 Credit(s)*™.** Physicians should only claim credit commensurate with the extent of their participation in the activity.

ALL FIELDS MUST BE COMPLETED FOR CREDIT TO BE RECORDED

Last 4 Digits of Soc. Sec. No. | First Name | MI | Last Name

Mailing Address

City | State | Zip | Country

Daytime Area Code / Phone / Ext. | Fax Number | Email

Virginia Society of Ophthalmology 24th Annual Scientific Meeting; Williamsburg, VA

June 22 – 23, 2007

Must Be Completed By Attendee

hours
# of Hours YOU Actually Spent in this Activity

❍ **CME** ❍ **CEU**
Type of Credit You Wish to Claim
(check all that apply)

Degree(s) | Specialty/Certification

X
Attendee's Signature