

Verification of Participation - Workshop on High Risk OB Care

SOAP 36th Annual Meeting – May 12-16, 2004
Sanibel Harbour Resort and Spa, Ft. Myers, Florida

Return form to: SOAP Headquarters, 2 Summit Park Drive, Suite 140, Cleveland,
Ohio 44131-2571 or via fax# 216-642-1127

To receive your CME Certificate, you must complete, sign and return this form to SOAP Headquarters. Your Certificate of Participation will be mailed within 4-6 weeks.

Workshop on High Risk Obstetric Care

The Society of Obstetric Anesthesia and Perinatology designates this educational activity for a maximum of 4 credits in category 1 of 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: _____

Address: _____

City: _____ State/Country: _____

Zip/Postal Code: _____ Phone: _____

Email Address: _____

I wish to claim the following number of credits for the above-captioned SOAP 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 Physician's Recognition Award 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.