

Direct Credit Application AMA PRA Category 1 Credit™

Physicians may claim AMA PRA Category 1 Credit™ directly from the AMA for learning that occurs as a result of the activities below. Please submit all required documentation with this application. One certificate will be provided for each type of activity checked. Credit can only be awarded for activities taking place or **completed within the last 3 years**. Applicants should keep a copy of the application and supporting documentation submitted.

Applicant Name (please print): _____

Teaching in Live CME Activities (2 credits per hour of interaction)

Credit may only be claimed for teaching at a live activity that is designated for AMA PRA Category 1 Credit. You may only claim credit once for a repeated presentation, and cannot claim credit on this form if you have already been awarded credit for the same presentation from the accredited provider of the activity.

Documentation: Attach the program or announcement indicating speakers, accredited providers, dates and locations of each activity included.

Number of activities submitted: _____ **Total hours of presentation:** _____ **Number of credits (hours x 2):** _____

Certificate dates: You will receive one certificate indicating the date range in which you are claiming credit for teaching. The start date will be the start date of your first activity submitted, and the end date will be the end date of the most recent activity submitted.

Poster Presentation(s) (5 credits per poster)

Credit may be claimed for preparing a poster presentation that is included in the published abstracts for a conference designated for AMA PRA Category 1 Credit.

Documentation: Attach the pages in the program showing the poster abstract, name of presenter, and date of activity.

Number of posters: _____ **Total number of credits (posters x 5)** _____

Certificate dates: If multiple posters are submitted, you will receive one certificate indicating the date range in which you are claiming credit for poster presentations, with the start date being the presentation date of the earliest poster submitted, and the end date being the presentation date of the most recent poster submitted.

Published Article(s) (10 credits per article)

Credit may be claimed for publishing, as a lead author, an article in a journal included in the MEDLINE bibliographic database. This does not include editing activities or contributions to books.

Documentation: Attach a reprint or copy of each article's first page with a listing of authors and the publication date.

Number of articles: _____ **Number of credits (articles x 10):** _____

Certificate dates: If multiple articles are submitted, you will receive one certificate indicating the date range in which you are claiming credit for published articles, with the start date being the publication date of the earliest article submitted, and the end date being the publication date of the most recent article submitted.

Medically Related Advanced Degree (25 credits)

Obtaining a medically related advanced degree, such as a Masters in Public Health(MPH), is eligible for AMA PRA Category 1 Credit. This cannot be claimed if individual courses within the academic program were already certified for AMA PRA Category 1 Credit.

Documentation: Attach a copy of the diploma or notification letter indicating the degree and date of completion.

Complete name of degree _____ **Number of credits**
25

Certificate dates: The activity date will match the date of completion on your submitted diploma or notification letter.

American Board of Medical Specialties (ABMS) member board certification, recertification and Maintenance of Certification (MOC®) (25 credits)

Documentation: Attach a copy of the certificate or specialty board notification letter.

Complete name of ABMS board	Number of Credits
1. _____	25
2. _____	25

Certificate date: The activity date will match the date of completion on your submitted certificate or notification letter.



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Attestation		
I hereby certify that all information provided in this application is complete and correct to the best of my knowledge.		
Signature _____	Date _____ / ____ / ____	
Application Information		
Name (F, M, L, Suffix & Degree) _____ Date of Birth _____ / ____ / ____ Medical Education Number (Optional 11-digit number) _____		
Preferred Mailing Address (for receiving the certificate) _____ _____		
City _____	State _____	Zip Code _____
Phone Number _____	Fax Number _____	
E-mail Address _____	Primary Medical Specialty _____	
Medical School _____	Year of Graduation _____	
Payment information		
You will receive one certificate for each of the activities checked on page 1 (i.e., maximum of five certificates). The fees below are per certificate		
Processing Fees: (check one)	# of types of activities checked:	<input type="checkbox"/> AMA Member <input type="checkbox"/> Non-AMA Member † Total Cost
<input type="checkbox"/> Regular (4 weeks)	_____ X	\$20 \$40 \$ _____
<input type="checkbox"/> Expedited (1 week)	_____ X	\$25 \$45 \$ _____
<input type="checkbox"/> Overnight (Applications must be received by 2:00 p.m. central time.)	_____ X	\$35 \$55 \$ _____
† For AMA membership information, please visit www.ama-assn.org or call 800 262-3211. The processing fee is nonrefundable.		
<input type="checkbox"/> Check Enclosed (Payable to American Medical Association) <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express/Optima		For office use: Credit Certificate: EA39-4221 Date: _____ Processor: _____
Name (as it appears on your credit card) _____		
Account Number _____	Expiration Date _____ / ____ / ____	
Signature _____	Date _____ / ____ / ____	

If returning by mail:
 American Medical Association
 Continuing Physician Professional Development
 515 N. State Street, Rm 7544
 Chicago, IL 60610

If returning by fax:
 Fax: (312) 464-5129
 (include credit card information)

Questions?
 (312) 464-5296

Please allow 3-4 weeks for processing.