Direct Credit Application
AMA PRA Category 1 Credit™

Application valid until 12/31/2012.
Please contact the AMA for the current form after this date.

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 6 years**. Applicants should keep a copy of the application and supporting documentation submitted.

Applicant Name (*please print*): _____

Categories

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

Credit may only be claimed for teaching only at a live activity that is designated for *AMA PRA Category 1 Credit*™. This credit is for preparing and presenting an original presentation and may only be claimed once for a repeated presentation. You 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 a copy of the page(s) used by the accredited CME provider to announce or describe the activity which includes the name of the speaker, accredit CME provider, AMA credit designation statement, date and location for each activity submitted.

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 for the past 3 years 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. If submitting activities that took place more than 3 years ago you will receive a separate certificate for these activities.

☐ **Poster Presentation(s)** (5 credits per poster)

Credit may be claimed for preparing a poster presentation, as the first author, that is included in the published abstracts for a conference designated for *AMA PRA Category 1 Credit*™.

Documentation: Attach a copy of the page in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA credit designation statement, title and date of activity.

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

Certificate dates: If multiple posters are submitted for the past 3 years, 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. If submitting poster presentations that took place more than 3 years ago you will receive a separate certificate for these activities.

☐ **Published Article(s)** (10 credits per article)

Credit may be claimed for publishing, as a lead author (first listed), a peer-reviewed article in a journal included in the MEDLINE bibliographic database.

Documentation: Attach a reprint or copy of the page(s) of the journal, which includes the name of the author listed first, the name of the journal and date published.

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 for the past 3 years 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. If submitting articles that took place more than 3 years ago you will receive a separate certificate for these activities.

☐ **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 final transcript indicating the degree and date of completion.

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 and Maintenance of Certification (MOC©)** (25 credits for certifications that occurred prior to September 1, 2010; 60 credits for certifications that occurred on or after September 1, 2010) **Visit www.abms.org to see if your Board qualifies.**

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

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

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AMA AMERICAN MEDICAL ASSOCIATION

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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 2012

Applicant Information

Last Name

First Name

Degree: MD ☐ DO ☐

Year of Birth

The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card. For your ME number, please contact 800-262-3211

Medical Education Number (11-digit number)

Mailing Address Home ☐ Office ☐

City | State | Zip Code

Phone Number Home ☐ Office ☐ | Fax Number | Email Address- Mandatory in order to receive certificate

Medical School | Year of Graduation

AMA members are entitled to benefits. For AMA membership information, please visit www.ama-assn.org or call 800.262.3211.

Payment Information

Non-Refundable Processing Fees: (check one)	# of categories checked:	☐ AMA Member	☐ Non-AMA Member	Total Cost
☐ Standard (3 weeks)	_____ X	$30	$75	$ _____
☐ **Expedited** (processed and E-mailed within 2 business days of receipt if application received by 10:00 a.m. CST, must be faxed, credit card payment only)	_____ X	$50	$100	$ _____

This processing fee is nonrefundable.

* All certificates will be Emailed.

☐ Check Enclosed (Payable to American Medical Association)

For office use:

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Credit Certificate: EA39-4221

Name (*as it appears on your credit card*)

Account Number

Authorized Signature of Cardholder

/

Expiration Date (mm/yy)

If returning by mail:
American Medical Association
Continuing Physician Professional Development
515 N. State Street, Rm 7544
Chicago, IL 60654

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

Email: pra@ama-assn.org

Questions?
(312) 464-4669

RV: 1/2012