UNT HEALTH SCIENCE CENTER

CME/CE Attendance Verification and Credit Request Form

Activity Title:	
Activity Date(s):	
Location:	

Instructions:
Please complete this form and return it to the coordinator at the conclusion of the activity. This serves as your "sign-in sheet" and is the ONLY record of your attendance. Credit cannot be awarded and attendance cannot be verified unless this form is returned.

PLEASE PRINT CLEARLY					
FULL NAME		**DEGREE(s)**			
• **Last Four Digits of SSN** or • **AOA Number (if applicable)**					
MAILING ADDRESS					
CITY		**ST**		**ZIP**	
PHONE		**FAX**			
E-MAIL ADDRESS					

Please note: Your certificate will be mailed to the above address within four weeks.

CREDIT REQUEST (please check one):

- ○ I participated in the entire activity and claim the maximum number of credits offered.
- ○ I did not complete the entire activity, but I claim _____ minutes (minimum 60 minutes)
- ○ This activity did not offer my desired credit type, but I request a certificate of completion.

Signature		**Date**	

In the event this form is not returned on-site, please fax it ***no later than five business days*** from the conclusion of the activity to: 817-735-2598.