

***This form must be completed and returned to AANS in order to receive CME credit and certificate**

[Enter Meeting Title Here]
 Jointly Provided by AANS
[Enter Meeting Date Here]
[Enter Meeting Location Here]

Sample CME Attendance Verification Form

If all sessions are attended, a maximum of 21.50 AMA PRA Category 1 Credits™ will be awarded

| DATE/TIME | PRESENTATION | SUB-SPECIALTY | MAXIMUM # OF AVAILABLE CREDITS | CREDITS YOU ARE CLAIMING |
|------------------------------|-----------------------------------|---------------|--------------------------------|--------------------------|
| Saturday, January 28 | | | | |
| 8:00 am - 10:30 am | Tumor Papers | Tumor | 2.50 | |
| 4:00 pm - 6:30 pm | Tumor Papers | Tumor | 2.50 | |
| Sunday, January 29 | | | | |
| 8:00 am - 10:30 am | Pediatrics/Hydrocephalus/Trauma | General | 2.50 | |
| 4:00 pm - 6:30 pm | General/Functional | General | 2.50 | |
| Monday, January 30 | | | | |
| 8:00 am - 10:30 am | Spine Papers | Spine | 2.50 | |
| 4:00 pm - 6:30 pm | Spine/Peripheral Nerve/Functional | General | 2.50 | |
| Tuesday, January 31 | | | | |
| 8:00 am - 10:30 am | Spine/Vascular/Skull Base | General | 2.50 | |
| 4:00 pm - 6:30 pm | Vascular/Skull Base | General | 2.50 | |
| Wednesday, February 1 | | | | |
| 9:00 to 10:30 a.m. | Tumor/General Neurosurgery | General | 1.50 | |
| TOTAL CREDITS CLAIMED | | | | |
| | | | 21.50 | |

Please check the one which best describes you:

- Neurosurgeon
 Non-neurosurgeon physician: _____ (indicate specialty)
 RN
 PA
 other: _____ (please specify)

I hereby certify that the above information is correct and that I attended the meeting identified and earned the hours claimed.

| | | |
|------------------|--------------|------------|
| PLEASE PRINT | | |
| Full Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Phone: _____ | Email: _____ | |
| Signature: _____ | Date: _____ | |

In order to receive CME credit, this form must be completed and returned to the meeting registration desk before you leave.
 If you forget to turn in this form before you leave, please fax to: **[Contact Information]** at **[#]** by **[Date]**.
 Questions? Call **[Contact]** at **[#]**