



## Federation of State Medical Boards CME Attendance Verification Form

**Important:** To receive credit, this completed, signed form must be returned on-site to **[Joint Provider]**. Incomplete forms will not be accepted.

Activity Title/Date(s): **Title of Activity – Month, Date, Year**  
City/State: **City, State**

### INSTRUCTIONS (Please print clearly and legibly when completing this form)

1. Check off each session attended on the form below.
2. Total the credits at the end of each day.
3. Complete the form in its entirety.
4. Sign the form to certify that the information on this form accurately documents only the credits you actually spent in the educational activity.
5. Return this form to the Registration Desk at the conclusion of the activity.

### Participant Information:

Full Name/Degree		
Mailing Address		
City	State	Zip Code
Email address		

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards (FSMB) and **Joint Provider**. The FSMB is accredited by the ACCME to provide continuing medical education for physicians.

The FSMB designates this live activity for a maximum of **XX.XX AMA PRA Category 1 Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Physicians will be awarded credit. Other healthcare professionals and attendees will receive a certificate of attendance.

Enter actual time spent claimed for each day, rounding to the nearest 15-minute increment, i.e., .25, .50, or .75. Example: 3 and ¼ hours = 3.25

Day, XX/XX

Sessions (X.X maximum credits available)

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- Session 1 – Title of Session - (1.0)
- Session 2 – Title of Session - (1.0)
- Session 3 – Title of Session - (1.0)
- Session 4 – Title of Session - (1.0)

Session 5 – Title of Session - (1.0)

Session 6 – Title of Session - (1.0)

Total Time Spent/Credit Claimed as a learner for this activity:  .  (up to a maximum of **XX.XX**)

I certify that the information provided on this form is accurate and documents only those credits I actually spent in the educational activity.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Return to Registration Desk onsite.

SAMPLE