

VERIFICATION OF PARTICIPATION

Clinical Orthopaedic Society 104th Annual Meeting

September 29 - October 1, 2016 • The Roosevelt Hotel • New Orleans, LA

Return to: COS, 2209 Dickens Road, Richmond, VA 23230-2005 or fax to (804) 282-0090.

Forms MUST be returned no later than October 30, 2016 to receive a CME certificate for this educational offering.

The Clinical Orthopaedic Society (COS) maintains records of learner participation for six years. To enable COS to maintain accurate records of your participation and **TO RECEIVE YOUR CME CERTIFICATE**, you must complete, sign and return this form to the COS office. Your certificate of participation will be mailed to you within 4-6 weeks.

The American Academy of Orthopaedic Surgeons designates this live activity for a maximum of **17.25 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Daytime Phone: () _____ Ext: _____

AAOS No. _____

I wish to claim the following number of credits for the above-captioned COS meeting: _____ CREDITS

I certify that I am claiming the number of hours I actually spent in the educational activity.

Signature of Attendee

Date

From the Physician's Recognition Award Information Booklet for CME Providers:

“Certificates for AMA PRA category 1 credit should only be given to physicians. Certificates should be provided after physicians complete the educational activity so they can document participation. Certificates should only be given for the actual credit claimed and earned by the physician.”