

RSC ATTENDANCE RECORD FORM

CME ATTENDANCE RECORD for (Name of Series) _____
 Department _____ Institution _____ Certification Period (year) _____ Quarter: Jan-Mar Apr-Jun Jul-Sep Oct-Dec
 (Please Circle)

Physician Name (Last, First Title)/ Address (Street/Box, City, State, Zip)	Birth date (mm/dd format. Tracking Purposes Only)	DATES OF SESSIONS (Month/Day/Year)												TOTAL SESSIONS ATTENDED
		00/ 00/ 00	00/00/ 00											Enter Total Session in Quarter Here
(EXAMPLE) Doe, John MD 153 Anywhere Ave, Somehow City, BA 55555	0421 (April 21)	X	X											2

 Print/Type Name

 Signature

 Date

RSC ATTENDANCE RECORD FORM

Page: _____

Version: 7/07

Attestation to the accuracy of this document.

Print/Type Name

Signature

Date