UNIVERSITY of ROCHESTER MEDICAL CENTER

CME ATTENDANCE RECORD for (Name of Series):_____

Department:_____ Institution:_____

Certification Period (Fiscal Year):_____ Quarter(Circle): Jan-Mar Apr-Jun Jul-Sep Oct-Dec

please enter NUMBER OF CREDITS under each date attended

Physician Name:	Birth Date:	Email Address:	DATES OF SESSIONS:															
Last, First, Title, Address	Format- mm/dd	New CME database will utilize email, to help alleviate duplicates.																TOTAL
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Physician Name:	Birth Date:	Email Address:	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	TOTAL
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