

RSS ATTENDANCE RECORD FORM

CME ATTENDANCE RECORD for (Name of Series) _____

Department _____ Institution _____ Certification Period (year) _____ Quarter: Jan-Mar Apr-Jun Jul-Sep Oct-Dec

Physician Name	Birth date (mm/dd format. Tracking Purposes Only)	EMAIL Address (The new CME database will utilize participant email addresses, to help alleviate duplicates.)	DATES OF SESSIONS (Month/Day)	TOTAL SESSIONS ATTENDED											
(Last, First Title)/ Address (Street/Box, City, State, Zip)			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

Version: 7/09

Attestation to the accuracy of this document.

 Print/Type Name

 Signature

 Date

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Page: _____

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Attestation to the accuracy of this document.

Print/Type Name_____
Signature_____
Date