

American Society of Plastic Surgeons CME CREDIT CLAIM FORM

<u>Important</u>: CME credit for this activity will be posted to your ASPS member record upon completion and submission of this claim form. To receive credit, this completed, signed form must be returned by **November 1, 2011**. Incomplete forms will not be accepted.

Activity Title/Date(s):	ASPS Instructional Course	
City/State:	Arlington Heights, Illinois	
Please PRINT CLEARLY . Complete and return this for	orm to the Registration Desk with your com	pleted Evaluation form at the conclusion of the activity.
ASPS Member #	E-mail	
Name (Last, First)		
Address		
City, State, Zip		
Phone		
Please select: ☐ Phys	sician ASPS member 🛭 Physician n	on-member
The American Society of F provide continuing medica		he Accreditation Council for Continuing Medical Education t
	Plastic Surgeons designates this educational uld only claim credit commensurate with the	activity for a maximum of 13 AMA PRA Category 1 extent of their participation in the activity.
Of the 13 credits, 3.5 have	been identified as applicable to patient safe	ty.
Physicians will be awarded	d credit. Other healthcare professionals will r	receive a certificate of attendance.*
Enter actual time spent/cred Example: 5 and ¼ hours = 9	dit claimed for each <u>day</u> , rounding to the neare 5.25	est 15-minute increment, i.e., .25 or .50 or .75
Check EACH patient safety se	ession attended	Actual Time Spent/Credit Claimed
Friday, October 14	(3.75 maximum credits available)	
	Reduction Mastopexy" – (2.75 credits; 1.0 Poers" – (1.0 credit; .5 Patient Safety)	atient Safety)
Saturday, October 15	(5.0 maximum credits available)	
☐ "Avoiding DVT in Comm☐ "Member Research Pap	non Surgeries" – (2.5 credits; 1.0 Patient Saf vers" – (2.5 credits; .5 Patient Safety)	ety)
Sunday, October 16	(4.25 maximum credits available)	
☐ "Comparing the Wise Pa	attern to the SPAIR Technique" – (3.25 cred vers" – (1.0 credit; .5 Patient Safety)	its; 1.0 Patient Safety)
TOTAL Time Spent/Credi	it Claimed <u>as a LEARNER</u> for this Activity	r: Up to a maximum of 13)
	rticipated in this activity, as indicated	, ,
Participant Signature		

Return to Registration Desk onsite or Fax: 847-555-1234 by November 1, 2011