## Pediatric Grand Rounds Claim for Credit

## Application for Category 1 Credit

By completing this form, you are certifying that you have watched the Pediatric Grand Rounds live. To receive credit, you must complete all information below and return the form to the CME Office at Primary Children's Hospital by fax or email **no later than 5 p.m.** on the day of the activity. **All fields are required to receive credit**.

This form is an electronic fillable form. By clicking on each field, you can type in your responses. After filling in all fields, you can click on either of the buttons below to print or email your form.

A transcript of your attendance will be mailed to you at the end of the calendar year. For questions regarding this process, please email or call the CME Office at Primary Children's Hospital at 801.662.3500 or toll-free at 800.910.7262.

Namo				
Name				
Address				
City		Sta	te	Zip
Phone				
Email (opt.)				
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	MD/DO	Resident/Fellow	Other	·
Degree:				
I hereby certi requirements		Category 1 Credit™ and		tric Grand Rounds live to meet the rmation above is correct to the

To return the forms, please send them to one of the following:

**Fax:** 801.662.3522

Email:

PC-PES@imail.org



**Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Primary Children's Hospital and the Department of Pediatrics at the University of Utah School of Medicine. Primary Children's Hospital is accredited by the ACCME to provide continuing medical education for physicians.

**AMA Credit:** Primary Children's Hospital designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.





Department of Pediatrics