FORM FOR SUBMITTING CATEGORY 1 CREDITS

Director
CME Center

I am submitting herewith **copies** of the relevant documents supporting my claim for …… CME/CPD credits under Category 1 for the period from ……... to ……..…..

I have read and understood the procedures in the MPC Program regarding participating in CME/CPD activities, including the basis for claiming CME/CPD credits.

.....	.....	.....
Name	CME Reg. No.	Signature

	Title of CME/CPD Activity	Duration/Date(s)	Credits
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

	Title of CME/CPD Activity	Duration/Date(s)	Credits

(Extra sheet …)