



**Attestation: I hereby certify that all information provided in this application is complete and correct to the best of my knowledge**

Signature:	Date:
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**Applicant Information: (PLEASE PRINT)**

Applicant name (last, first, middle initial):	
Medical School and graduation year:	
Year of birth:	Medical education number:*

\*The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card. For your ME number, please contact the Unified Service Center at (800) 262-3211.

Degree (check one):  M.D.     D.O     Non-physician

**Billing address:**  Home     Office

Address:	
City, State Zip:	
Phone:	Fax:
*Email address :	

*\*To receive your certificate, you will need to log in or create a free AMA account. AMA membership is not required. If you already have an AMA account, please use the email associated with that account. If you do not have account, please use an email that you want associated with your account.*

Non-refundable processing fees (check one)_	# of categories checked	AMA member	Non-AMA member	Total cost
Standard*	_____ x	\$30.00	\$75.00	\$
Express*	_____ x	\$50.00	\$100.00	\$

**Payment**    Visa     MasterCard     American Express    **Checks are no longer accepted**

Name: (as it appears on credit card)		
Credit Card Number:	Expiration Date:	CVV:
Authorized Signature of Cardholder:		

\* **TAXES:** AMA reserves the right to charge VAT, GST/HST and sales & use tax where applicable. The appropriate charges will be added to your total order and displayed on your final order confirmation if you are shipping to a state where AMA has economic nexus. The applicable tax is estimated and is subject to change. A valid exemption certificate must be provided by service recipient at the point of sale to avoid applicable taxes. Your purchase may be subject to use tax unless it is specifically exempt from taxation. Some states require each purchaser to report any taxable purchase that was not taxed and to pay use tax on the purchase. See the [AMA Ed Hub FAQ](#) for more information.

For more information or to apply online, please visit: <https://edhub.ama-assn.org/pages/applications>



Physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for learning that occurs as a result of the activities below. Please submit all required documentation with this application. One certificate will be provided for each activity. Credit can only be awarded for activities taking place or **completed within the last 6 Years**. Certificate dates will match the date of completion on submitted documentation. Applicants should keep a copy of the application and supporting documentation submitted.

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### Categories

**Teaching in Live CME Activities (2 credits per hour of interaction)**

Credit may only be claimed for teaching only at a live activity that is designated for *AMA PRA Category 1 Credit™*. This credit is for preparing and presenting an original presentation and may only be claimed once for a repeated presentation. You cannot claim credit on this form if you have already been awarded credit for the same presentation from the accredited provider of the activity.

**Documentation:** Attach a copy of the page(s) used by the accredited CME provider to announce or describe the activity, which includes the name of the speaker, accredited CME provider, AMA credit designation statement, date and location for each activity submitted.

Number of activities: \_\_\_\_\_ Total hours of presentation: \_\_\_\_\_ Number of credits (hours x2): \_\_\_\_\_

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**Poster Presentation(s) (5 credits per poster)**

Credit may be claimed for preparing a poster presentation, as the first author, that is included in the published abstracts for a conference designated for *AMA PRA Category 1 Credit™*

Documentation: Attach a copy of the page in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA credit designation statement, title and date of activity.

Number of posters: \_\_\_\_\_ Number of credits (posters x5): \_\_\_\_\_

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**Published Articles(s) (10 credits per article)**

Credit may be claimed for publishing, as a first listed author of a peer-reviews article in a journal included in the MEDLINE bibliographic database.

Documentation: Attach a page of the journal, which includes the name of the author listed first, the name of the journal and date published.

Number of articles: \_\_\_\_\_ Number of credits (articles x10) \_\_\_\_\_

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**Medically Related Advanced Degree (25 credits)**

Obtaining a medically related advanced degree, such as a Masters in Public Health (MPH) is eligible for *AMA PRA Category 1 Credit™*. This credit cannot be claimed if individual courses within the academic program were already certified for *AMA PRA Category 1 Credit™*

Documentation: Attach a copy of the diploma or final transcript indication the degree and date of completion.

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**American Board of Medical Specialties (ABMS) member board certification & Maintenance of Certification (MOC®)**  
(60 credits for certifications that occurred on or after September 1, 2010) Visit [www.abms.org](http://www.abms.org) to see if your board qualifies.

Documentation: Attach a copy of the board certificate of the specialty board notification letter.  
*The certificate date will match the date of completion of your submitted certificate or notification letter.*

### Submit to AMA

- Mail: American Medical Association, 330 N. Wabash Ave., Suite 39-300, Chicago, IL 60611-5885
- Email: [pra@ama-assn.org](mailto:pra@ama-assn.org)
- Fax: (312) 464-5129
- Questions? Please call (312) 464-4669 or Email [pra@ama-assn.org](mailto:pra@ama-assn.org)