



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

Signature: _____

Date: _____

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

Mailing 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	AMA member	Non-AMA member
<input type="checkbox"/> Physician's Recognition Award	No charge	\$100.00*
<input type="checkbox"/> CME Credit Certificate	No Charge	\$75.00*
Total Cost:		

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](https://edhub.ama-assn.org/pages/applications) for more information.



Participants in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program may apply for one or both of the following certificates:

The American Medical Association’s Physician’s Recognition Award (AMA PRA)

The AMA Physician’s Recognition Award (AMA PRA) is one way the AMA recognizes physicians for their dedication to life-long learning. Residents and fellows can obtain a 1-, 2- or 3-year AMA PRA commensurate with the number of years completed in the residency or fellowship program. The cost of an AMA PRA is \$100. Residents and fellows who are AMA members can receive the AMA PRA at no charge, as a benefit of membership. Include your email address to receive electronic notification for your next AMA PRA certificate. For further information, please visit <https://edhub.ama-assn.org/pages/applications>.

Certificate of AMA PRA Category 1 Credit™

Residents and fellows may now apply for 20 AMA PRA Category 1 Credits™ for each year of participation in a residency or fellowship program completed within the last six years. The cost of the credit certificate is \$75. Residents and fellows who are AMA members can receive a credit certificate at no charge, as a benefit of membership.

Applicant name (please print): _____

Name of residency or fellowship program: _____

Number of years complete to date: _____

Documentation Requirements: Attach a certificate of completion or a letter from the program director, indicating the specific residency or fellowship program and dates of participation, including the years completed to date.

Certificate Type: AMA Physician’s Recognition Award (PRA)
End date of the most recent year completed within the program: _____
(This will be the issue date for your AMA PRA.)

Check only one option below:

- 1 year completed = 1-year AMA PRA Certificate
- 2 years completed = 2-year AMA PRA Certificate
- 3 years completed = 3-year AMA PRA Certificate

Certificate of AMA PRA Category 1 Credit™

List the start and end dates of three years of residency or fellowship training completed within the last six years for which you are claiming credit. You will receive one certificate of credit listing the dates for each year completed, and 20 credits for each year.

Please note: Credit can only be awarded for years completed to date. If you have completed more than three years of residency or fellowship program, list the three most recent years completed.

	Start Date	End Date	Credits
Program year 1:			20
Program year 2:			20
Program year 3:			20
Total Credits Claimed:			

Submit to AMA

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