

Self Certified CME Category 2

- **Physician Name:** _____
- **Dates of Participation:** _____
- **Subject of Activity:** _____

- **Activity Description:** _____

- **Number of Credits Claimed:** _____
(Note: Participation time of 60 minutes = (1) AMA PRA Cat 2 credit; credits can be claimed in 15 minutes or 0.25 credit increments, rounding to nearest quarter hour)
- **Submission Instructions:**
 - For more information on how to claim Category II Credit, contact your state medical board (<https://edhub.ama-assn.org/state-cme>).
 - Physicians should contact licensing and other credentialing entities directly to determine the number and type of credits required.