



**University of California, Davis, Health System  
Office of Continuing Medical Education (OCME)**

**Online Modules - Registration Form / Fax completed form to: (916) 734- 0776**

Date Created: \_\_\_\_\_ OCME Course Code: \_\_\_\_\_

**Please fill-out the yellow shaded areas prior to print form.**

CME Self Study Module: \_\_\_\_\_

**DATE VIEWED EVENT:** \_\_\_\_\_

**Accessed:** UCD/CME UCTV Other: \_\_\_\_\_

**Using:** Broadcast Webcast Video On Demand Other: \_\_\_\_\_

**Name (First Last):** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Occupation:** Physician - specialty \_\_\_\_\_ **Social Security # XXX – XX - \_\_\_\_\_**  
Other: \_\_\_\_\_ (Last 4 digits – for transcript purposes only)

**Mailing Address: Agency (Optional)** \_\_\_\_\_

**Street:** \_\_\_\_\_

**Suite/Apt** \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Providence:** \_\_\_\_\_ **USA (or Other \_\_\_\_\_)** **Zip/Postal Code:** \_\_\_\_\_

**Day time phone number:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Email (Optional)** \_\_\_\_\_

I have reviewed the CME Disclosure Statement YES NO

**ACCREDITATION** The University of California, Davis, Health System is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**Physician Credit:** The Office of Continuing Medical Education of the University of California, Davis, Health System (School of Medicine, Medical Center and Medical Group) designates this enduring material for a maximum of \_\_\_\_\_ AMA PRA Category 1 Credit(s)<sup>TM</sup> of the Physician’s Recognition Award of the American Medical Association. Physicians must complete the entire course to qualify for credit; there is no “partial credit” allowed for this study. This program is accredited for a two year period from the original release date of \_\_\_\_\_.

**Physician Assistant:** The National Commission on Certification of Physician Assistants (NCCPA) states that AMA accredited Category 1 courses are acceptable for continuing medical education requirements for recertification.

**Registered Nurse:** The California Board of Registered Nursing accepts CME Category 1 credit toward license renewal. On the BRN license renewal form, report the number of hour(s) you attended and fill in “CME Category 1 Credit”. Credit for this event is up to \_\_\_\_\_ hour(s) of credit. Please note that all pertinent information for this program is located for review at OCME, 3560 Business Drive, Suite 130, Sacramento, CA 95820.

**EVALUATION:** (Circle your answer 5=high, 1=low)

<b>This course was presented in a way that facilitated learning</b>	5	4	3	2	1
<b>This course was practical and included useful information</b>	5	4	3	2	1
<b>I achieved the objective(s) for this course</b>	5	4	3	2	1
<b>I found this course to be free from bias</b>	5	4	3	2	1

**What information or techniques did you acquire that you plan to use in your practice?**

**Other Topics that you would like to learn more about, please list:**