Course#: _____ RETURN ORIGINAL SIGN-IN SHEETS:

UC Davis Health System
Office of Continuing Medical Education (OCME), **Grand Rounds Division**
3560 Business Drive, Suite 130, Sacramento, CA 95820
(916) 734-5390 phone (916) 734-0776 fax

SIGN-IN SHEET

CONFIDENTIALITY STATEMENT - I understand and agree that I shall respect and maintain the confidentiality of all discussions, deliberations, records, and any other information generated in connection with these activities by the medical staff, departments, divisions, or their committees. I shall make no voluntary disclosures of such discussion, deliberations, records, and information except to persons authorized to receive it in the conduct of medical staff affairs.

❒ **Distance Education (teleconference spoke site)**_____

Department _____ Conference Series _____

Conference Title _____

Speaker _____ Objective _____

Date and Time _____ Location _____ Total Hours _____

PIC = personal identification code **Example:** **John Smith SS # xxx-xx-1234 PIC JSmit1234**
John Doe SS# xxx-xx-1234 PIC JDoe1234

NAME (Last, First) Please Type	**PIC** (example JSmit1234)	Degree	MD DO	RN PA NP	Resident Med/stu OTHER	**SIGNATURE**

Revised 4/3/2007

Disclosure: I verify that an oral disclosure by today's speaker was given prior to the lecture.

Signature of Moderator/Department Chair_____ Date_____

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 educational activity for a maximum of **XX AMA PRA Category 1 Credits™** of the Physician's Recognition Award of the American Medical. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Department_____ **Date & Time**_____

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