Event ID: ___________________________________________
Accrediting Institution: [ ] MUSOM [ ] SMMC
Event Name: ________________________________________
Chairperson: ________________________________________
Coordinator: ________________________________________
Location: ___________________________________________
Date: _____ mm _____ dd _____ yyyy
Start time: ___________           End time: ____________

CASE PRESENTATIONS MUST BE ACCOMPANIED BAY DOCUMENTATION - MAINTAIN CONFIDENTIALITY

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Zero Credit if Completed form not received in 5 BUSINESS DAYS.
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SPEAKERS must claim credit per WV Medical Practice Act as a teacher or presenter via relicensure application.
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Disclosure Past 12 months * Event Chairperson Confirm *
Disclosure Form On File in CME

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