This form must be completed and turned in today after the conference concludes.

PRINT NAME:_____

Please provide your 6-digit ABIM#:_____

Please provide your month & day of birth (MM/DD):_____ /_____

Please provide licensing state: _____ **and licensing ID:** _____

Do we have permission to share the above information to the Accreditation Council on Continuing Medical Education (ACCME) and/or the American Board for Internal Medicine (ABIM) in order to process your points/credits?

YES **NO**

*** Please note: if you do not give us permission to share the information, you will not receive MOC credit ***

SIGNATURE:_____

DATE: _____ **# OF CREDITS CLAIMED:**_____