



CME CREDIT REQUEST

First Name				Last Name				MI	
Suffix (e.g.: Jr)			Credentials			Birthdate (month & day)			
Profession				License No. or ABIM No.					
Affiliation									
Specialty				Sub Specialty					
Address									
Address 2									
City				State		Zip		County	
Email									
Daytime Phone (include area code)				Cell Phone (include area code)					

Birthdate (month and **date**) and cell phone number **are** required fields. Your birthdate (month and date) is used to verify your identity, especially when there are multiple persons with the same name. We want to make sure that credit is awarded/provided to the correct person. The cell phone number is required to for the call-in attendance system. We will never distribute or use this information for any other purpose. Please make sure that your most current 10-digit cell phone number is listed in your account profile.

Send completed document to UNMC/CCE – revise to read “Send completed document **via email** to rss@unmc.edu. If you prefer to create/update your profile online, please go to www.unmc.edu/cce and click on ‘My Account’.”