

VERIFICATION OF PARTICIPATION

VOS 66th Annual Meeting

May 3-5, 2013 • Mandarin Oriental Hotel • Washington, DC

Return to: VOS, 2209 Dickens Road, Richmond, VA 23230-2005 or fax to (804) 282-0090.

Forms MUST be returned no later than June 8, 2013 to receive a CME certificate for this educational offering.

The *Virginia Orthopaedic Society (VOS)* maintains records of learner participation for six years. To enable VOS to maintain accurate records of your participation and **TO RECEIVE YOUR CME CERTIFICATE**, you must complete, sign and return this form to VOS headquarters. Your certificate of participation will be mailed to you within 4-6 weeks.

VOS designates this educational activity for a maximum of **8.5 AMA PRA Category 1 Credit(s)[™]**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Country: _____ Zip/Postal Code: _____

Email address: _____ Daytime Phone #: () _____ Ext: _____

I wish to claim the following number of credits for the above-captioned VOS meeting:	_____ CREDITS
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I certify that I am claiming the number of hours I actually spent in the educational activity.

Signature of Attendee _____ Date _____ AAOS # _____

From the Physician's Recognition Award Information Booklet for CME Providers:

“Certificates for AMA PRA category 1 credit should only be given to physicians. Certificates should be provided after physicians complete the educational activity so they can document participation. Certificates should only be given for the actual credit claimed and earned by the physician.”