

Please provide the requested information to Julie Wilson via email (juliwils@umich.edu), fax (6-1641), or mail (G1200 Towsley/SPC 5201)

**Continuing Medical Education (CME)
Personal Information Form**

UMID# _____

Last Name _____

First Name _____

Degree(s) _____

Department _____

Division/Section _____

Academic or Job Title _____

Campus Mail Address
(including SPC code) _____

Email _____

This information will be added into the CME system database and any orange Program Attendance/Evaluation cards that you submit will be included on your yearly credit report. Reports are sent out once per year during the month of March (i.e., 2010 reports will be mailed in March 2011).

We track credit only for the following participants of internal UM activities:

- Physicians
- Allied health professionals who use *AMA PRA Category 1 Credit™* toward relicensure
- Other attendees by departmental request only

We do not track credit for the following participants of internal UM activities:

- Non-UM personnel
- House Officers I, II, III (State licensing provides required credit for training program instead)
- Attendees who do not require *AMA PRA Category 1 Credit™*