



# American Society of Plastic Surgeons CME CREDIT CLAIM FORM

**Important:** To receive credit, this completed, signed form must be returned to AAHS/ASPN by **January 29, 2010**. Incomplete forms will not be accepted. CME credit for this activity will be posted to your ASPS member record, if applicable, *ONLY* upon completion and submission of this claim form.

Activity Title/Date(s): **AAHS/ASPN/ASRM Combined Day, January 9, 2010**  
City/State: **Boca Raton, Florida**

Please **PRINT CLEARLY**. Complete and return this form to the **Registration Desk** at the conclusion of the activity.

<b>ASPS Member #</b>	_____	<b>E-mail</b>	_____
<b>Name (Last, First)</b>	_____		
<b>Address</b>	_____		
<b>City, State, Zip</b>	_____		
<b>Phone</b>	_____		

Please select:  Physician ASPS member  Physician non-member  Other: \_\_\_\_\_  
(PLEASE SPECIFY)

The American Society of Plastic Surgeons® (ASPS®) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Society of Plastic Surgeons designates this educational activity for a maximum of **4.0 AMA PRA Category 1 Credit™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Of the 4 credits, 0.5 have been identified as applicable to patient safety.

Physicians will be awarded credit. Other healthcare professionals will receive a certificate of attendance.\*

Enter actual time spent claimed for each day, rounding to the nearest 15-minute increment, i.e., .25 or .50 or .75 Example: 5 and ¼ hours = 5.25

- *Transfer TOTAL Credits from Page 2. (on Back)*

**TOTAL** Time Spent/Credit Claimed for this Activity:   .   (Up to a maximum of **4.0**)

*I attest that I have participated in this activity, as indicated, and claim credit accordingly.\**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to **Registration Desk** onsite or Fax: 312-782-0553, ASRM ATTN: Lauren Snider by **January 29, 2010**

Name (Last, First): \_\_\_\_\_

ASPS ID: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please select:  Physician ASPS member  Physician non-member  Other: \_\_\_\_\_

AAHS/ASPN/ASRM Combined Day, January 9, 2010

Boca Raton, Florida

(PLEASE CHECK BELOW EACH SESSION THAT WAS ATTENDED)

**SATURDAY, 1/9**

**Actual Time Spent/Credit Claimed**

**Instructional Course** (1.0 maximum credits available)   .

- 201 – Congenital Hand Differences: How I Do It
- 202– Endoscopic Cubital and Carpal Tunnel Release – (.25 patient safety)
- 203– Advances in Brachial Plexus Paralysis Reconstruction
- 204– Current Approaches to Functional Muscle Transfer to the Extremity Following Nerve Injury
- 205– Intraoperative Neurophysiology
- 206– Obstetric Brachial Plexus Lesions

**Joint Panel: Partial Nerve Injuries** – (.25 patient safety) (1.0 maximum credits available)   .

**Joint Lecture: Surgeons Role in Global Health** (1.0 maximum credits available)   .

**Joint Outstanding Papers** (1.0 maximum credits available)   .

**TOTAL Time Spent/Credit Claimed for this Activity:** (Up to a maximum of 4.0)   .

*I attest that I have participated in this activity, as indicated, and claim credit accordingly.\**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Return to Registration Desk onsite or Fax: 312-782-0553 by *January 29, 2009* ASRM Attn: Lauren Snider