



Alabama Department of Public Health
Newborn Screening Program

Sickle Cell Disease and Other Hemoglobinopathies: Newborn Screening and Beyond

March 24, 2017

AMA PRA Category 1 Credit™ Claim Form

REQUEST FOR CREDIT

If you wish to receive CME credits for this activity, you **must return this form** with your CME evaluation by e-mail or fax to Seratia Johnson upon completion. E-mail to Seratia.Johnson@adph.state.al.us or fax to (334) 206-3791. Documents must be submitted no later than April 10, 2017.

√ CHECK the education sessions you attended.			
March 24, 2017			
	1:00 – 3:00 pm	Sickle Cell Disease and Other Hemoglobinopathies: Newborn Screening and Beyond	2

TOTAL CREDITS CLAIMED _____

<input type="checkbox"/> I participated in the entire activity and claim 2 AMA PRA Category 1 Credits™ .	<input type="checkbox"/> I participated in part of the activity and claim only partial credits based on _____ hours of instruction.
<input type="checkbox"/> By checking this box, I certify the above is true and correct.	
Name (Please Print):	
Signature:	
<p>WE NO LONGER PROVIDE CERTIFICATES - TRANSCRIPTS ONLY. In order to receive a transcript, you must complete and <u>return this form</u> to the Registration Desk. Transcripts are mailed three times a year - in May, August and December.</p>	

THANK YOU

We appreciate you attending this educational event and completing the evaluation form. Your feedback is critical to the success of our CME Program.