## University Health Services Professional Education Programs (UHS-PEP) Continuing Medical Education - VCU Health System

## VERIFICATION OF PARTICIPATION

Virginia Society of Eye Physicians & Surgeons: PO Box 3268, Glen Allen, VA 23058; Phone: 804-261-9890; Fax: 804-261-9891

## PLEASE READ:

University Health Services Professional Education Programs (UHS-PEP) maintains records of learner participation for six years. IN ORDER TO CONFIRM YOUR PARTICIPATION AND APPLICABLE CREDIT IN THIS ACTIVITY, YOU MUST COMPLETE, SIGN, AND RETURN THIS FORM TO THE CONFERENCE REGISTRATION DESK. A certificate of participation will be mailed to you within 4 weeks.

• UHS-PEP designates this educational activity for a maximum of **13.5** *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## ALL FIELDS MUST BE COMPLETED FOR CREDIT TO BE RECORDED

First Name	MI	Last Name		Virginia Society of Eye Physicians & Surgeons 27 <sup>th</sup> Annual Meeting Subspecialists' Contributions to Comprehensive Ophthalmic Practice <i>June 11 – 12, 2010 in Charlottesville, VA</i>		
					Must Be Completed By Attendee	
Mailing Address					# of Hours YOU Actually Spent in this Activity	
City	State	Zip	Country		Degree(s) S	pecialty/Certification
Daytime Area Code / Phone / Ext.	Email					e's Signature