Southern Regional AHEC | Area Health Education Center

CME Regularly Scheduled Series Roster

Joint Provider:

Title of CME Session:

CASCE #:

Date and Time:

Speaker and Title:

Credit Hours:

PLEASE PRINT CLEARLY				
Full Name	**Credentials** (MD, DO, PA, NP, etc.)	**Initial**		**Email Address** (Associated with MyAHEC account)
		CME	**CEU**	

Southern Regional AHEC CME Directors: Courtney Masters at courtney.masters@sr-ahec.org or (910) 678-7241 / Karen Goble at karen.goble@sr-ahec.org or (910) 678-7306

Note: Participants who wish to receive AMA PRA Category 1 Credit must complete and initial this roster for **each** day of training