

Continuing Medical Education



Request for Duplicate CME Credit Certificate(s)

Personal Information

Last Name:		First Name:	
Address:			
City:	State:	Zip:	
Telephone:		Fax:	
E-mail			
How would you like your credit record (s) sent?			
Mail <input type="checkbox"/>	E-mail <input type="checkbox"/>	Fax <input type="checkbox"/>	

Individual Activities

Activity name	Date	Location

Series, such as grand round, M&M, tumor board, etc.

Transcripts for any part of the current academic year (July 1, 2011- June 30, 2012) may require manual research and may take longer to retrieve

Series name	Beginning month/year	Ending month/year

Submitting Your Request

E-mail the completed form to cme@ohsu.edu, fax to 503-494-0392 or mail to: OHSU-CME, L602, 3181 SW Sam Jackson Park Road, Portland, OR 97239.

Please allow up to 10 business days for the processing of your request

For questions or to confirm that your request was received, please call 503-494-8700