



UNIVERSITY of NORTH TEXAS
 HEALTH SCIENCE CENTER at Fort Worth
 Education, Research, Patient Care and Service
 Professional and Continuing Education
 3500 Camp Bowie Boulevard
 Fort Worth, Texas 76107-2699

CME/CE
 Attendance
 Affidavit and
 Credit Request Form

Activity Title:	
Activity Date(s):	
Location:	

PLEASE PRINT CLEARLY

FULL NAME		DEGREE(s)	
Last Four Digits of SSN (for tracking)		or AOA Number (if applicable)	
MAILING ADDRESS			
CITY		ST	ZIP
PHONE		FAX	
E-MAIL ADDRESS			

Please note: Your certificate will be mailed to the address above within four weeks once attendance has been verified.

CREDIT REQUEST (please check one):

- I participated in the entire activity and claim the maximum number of credits offered
- I did not complete the entire activity, but I claim _____ minutes (minimum 30 minutes)
- This activity did not offer my desired credit type, but I request a certificate of completion

I, _____, attended this continuing
(print name)
 education activity in its entirety and request a certificate of attendance be sent to the address above.

Signature

Date

Please fax this form no later than 30 days from the conclusion of the activity to: 817-735-2598.