



**Attestation:** I hereby certify that all information provided in this application is complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Information: (PLEASE PRINT)**

Applicant name (last, first, middle initial):	
Medical School and graduation year:	
Year of birth:	Medical education number:*

\*The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card. For your ME number, please contact the Unified Service Center at (800) 262-3211.

Degree (check one):  M.D.     D.O.     Non-physician

**Billing address:**     Home     Office

Address:	
City, State Zip:	
Phone:	Fax:
*Email address :	

*\*To receive your certificate, you will need to log in or create a free AMA account. AMA membership is not required. If you already have an AMA account, please use the email associated with that account. If you do not have account, please use an email that you want associated with your account.*

The activity I am submitting is listed on the EACCME website.

Full name of Conference:	
Conference Date:	Conference Location:
Total number of credits claimed:	

**Payment**     Visa     MasterCard     American Express    Checks are no longer accepted

Non-refundable processing fee:     AMA Member \$30.00     Non-AMA Member \$75.00

Name: (as it appears on credit card)		
Credit Card Number:	Expiration Date:	CVV:
Authorized Signature of Cardholder:		



## EACCME Credit Conversion Instructions

The American Medical Association (AMA) has an agreement with the European Union of Medical Specialties to convert CME credit for select CME activities certified by the European Accreditation Council for Continuing Medical Education (EACCME), to *AMA PRA Category 1 Credit™*.

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Please note that processing fees paid to the AMA for credit conversion are non-refundable; **so before applying check the EACCME website at <https://eaccme.uems.eu> to be sure that the activity that you are submitting for credit conversion is on the approved list.**

A separate application and processing fee are required for each activity submitted.

### **Please submit the following documents for each application:**

- Completed EACCME credit conversion application form with payment information included.
  - A copy of the certificate of attendance from the EACCME approved activity.
- Certificates will be completed within **4 business weeks** from the received date of the application.

Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. Such persons will instead receive a Certificate of Participation.

To receive your certificate, you will need to log in or create a free AMA account. AMA membership is not required. If you already have an AMA account, please use the email associated with that account. If you do not have account, please use an email that you want associated with your account.

AMA members are entitled to benefits. For AMA membership information, please visit [www.ama-assn.org](http://www.ama-assn.org) or call 800.262.3211.

**TAXES:** AMA reserves the right to charge VAT, GST/HST and sales & use tax where applicable. The appropriate charges will be added to your total order and displayed on your final order confirmation if you are shipping to a state where AMA has economic nexus. The applicable tax is estimated and is subject to change. A valid exemption certificate must be provided by service recipient at the point of sale to avoid applicable taxes. Your purchase may be subject to use tax unless it is specifically exempt from taxation. Some states require each purchaser to report any taxable purchase that was not taxed and to pay use tax on the purchase. See the [AMA Ed Hub FAQ](#) for more information.

For more information: <https://edhub.ama-assn.org/pages/uemseaccme-cme-credit-recognition>

To apply online visit: <https://edhub.ama-assn.org/pages/applications>

Questions? Call (312) 464-4669 or email [pra@ama-assn.org](mailto:pra@ama-assn.org)

### **Submit to AMA**

- Mail: American Medical Association, 330 N. Wabash Ave., Suite 39-300, Chicago, IL 60611-5885
- Email: [pra@ama-assn.org](mailto:pra@ama-assn.org)
- Fax: (312) 464-5129
- Questions? Please call (312) 464-4669 or Email [pra@ama-assn.org](mailto:pra@ama-assn.org)