## 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:*
	r assigned to every physician in the US by the AMA for identification and recording of basic ship 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 c	or create a free AMA account. AMA membership is not required. If you already have with that account. If you do not have account, please use an email that you want
•	I for credit by a RCPSC accredited organization.
Full name of Conference:	
Conference Date: Con	forence Legation:
Conference Date.	ference Location:
Total number of Credits Claimed:	
Payment □ Visa □ MasterCa	ard
Non-refundable processing fee: ☐ AMA M	ember \$30.00    Non-AMA Member \$75.00
Name: (as it appears on credit card)	
Credit Card Number:	Expiration Date: CVV:
Authorized Signature of Cardholder:	

## **RCPSC Credit Conversion Instructions**

The American Medical Association (AMA) and the Royal College of Physicians and Surgeons of Canada (Royal College) have renewed their CME agreement. Under the new agreement, select activities approved for Royal College MOC Credits are eligible for conversion to *AMA PRA Category 1 Credit<sup>TM</sup>*. This agreement is in place from January 1, 2017through December 31, 2020.Only those National Specialty Societies and Simulation Programs that have been approved by the Royal College as accredited CPD providers are covered by this agreement.

Only those activities approved by Royal College accredited CPD providers, as described above, in the following categories are eligible for conversion:

- Section 1, live face-to-face group learning
- Section 1, web-based synchronous
- Section 1, web-based asynchronous
- Section 3, self-assessment programs (designed to assist the specialist to identify gaps in knowledge)
- Section 3, simulation activities

## Please submit the following documents for each application:

- Completed RCPSC credit conversion application form with payment information included
- A copy of the Royal College MOC credit certificate

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

Certificates will be completed within 4 business weeks from the received date of the application.

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 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 <a href="AMA Ed Hub FAQ">AMA Ed Hub FAQ</a> for more information.

For more information: https://edhub.ama-assn.org/pages/agreement-royal-college-physicians-surgeons-canada

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

## Submit to AMA

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