## CME/CPD Educational Activity Attendance Sheet ON DEMAND

Date:											
Start/End Time:											
Title:	Update on Lyme Dise	ase									
Speaker:	Adam Clements, DO										
Location:	(Please Circle One)	ADC	AGH	AIR	AKH	ALH	AMH	AOH	ARH	AWH	or:
CMEs Awarded	1.0 Credits are based	l on the amou	int of time spe	nt in the edu	ucational activ	ity and may b	e awarded in 1	15-minute incre	ements (15 mi	inutes = 0.25 cr	edit) if the person attends less than 1 hour.

please <b>Print</b> your name	Specialty or Unit	Employee or Provider #	MD / DO	Resident	ΡΑ	NP	RN	Other
John Doe	Fam Med	12345	$\checkmark$					
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