Anderson Healthcare

CONTINUING MEDICAL EDUCATION (CME) ATTESTATION

List the continuing education sessions and hours which you have completed in the last two years. Attach either a copy of certificates of attendance for each program attended or list below:

Name of Program/Topic	Sponsored by	Dates of Attendance	Hours	Total Hours

I attest and affirm that:

- I have attended continuing medical education programs that are related to my area of practice,
- I am in full compliance with Illinois State Law,
- I am able to produce proof of attendance and program content, if requested,
- The continuing medical education programs relate, in part, to the privileges being requested.

Signature

Date

Printed Name