

Chapters, local lung associations/PAR member organizations should use their own stationery. This certificate may be issued on site or mailed to participants. Only MDs/DOs receive this form.

## CERTIFICATE OF PHYSICIAN C.M.E. CREDIT AWARD

The American Thoracic Society Certifies that:

\_\_\_\_\_ has participated in the Educational Activity below and is awarded \_\_\_\_\_ *AMA PRA Category 1 Credits*<sup>™</sup> .

\_\_\_\_\_ Activity Name

Held at: \_\_\_\_\_ on \_\_\_\_\_  
Location Date

**Accreditation Statement**

The American Thoracic Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Designation Statement**

The American Thoracic Society has designated this continuing medical education activity for a maximum of \_\_\_\_\_ *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Local Signatory