



**AMGA 2014 ANNUAL CONFERENCE**  
Certificate of Attendance & Credit Request Form

PLEASE CIRCLE TYPE OF CREDIT REQUESTED:

CME

CE (Nurse)

CPE (Accountants)

ACHE

ACMPE

FULL NAME

ORGANIZATION

ADDRESS

CITY/ST/ZIP

PHONE/ EMAIL

LICENSE # AND TYPE

One credit hour may be claimed for each hour of participation by the participant. A maximum of **4 credit hours may be claimed for today's sessions.**  
Please write in hours earned.

**THURSDAY, APRIL 3**

**Hours Attended**

<b>Pre-Conference Sessions</b>	
Collaborative for Clinical Integration and Value	
Compensation Boot Camp	
Exploring High-Performing Health Systems <i>Institute for Quality Leadership Semi-Annual Meeting</i>	
Physician Engagement: Leadership Lessons from the Navy	
<b>TOTAL HOURS (4 MAX)</b>	

**Complete, sign, and return the original of this form to the AMGA registration desk, fax to (703) 548-1890, or mail to: AMGA, One Prince St, Alexandria, VA 22315. AMGA will forward a certificate of attendance to you within one month of the Annual Conference.**

This is to certify that I attended the above sessions during the **American Medical Group Association's April 3-5, 2014 Annual Conference.**

Signature\_\_\_\_\_ Date\_\_\_\_\_