



Professionalism

April 13, 2026

Use this form to claim the number of credits or hours you spent within this program. It is important to print all information legibly.

Attended Session:

Professionalism

Presenter: Mark Browne, MD, MMM, CPE, FACPE

Physicians and other attendees should only claim credit commensurate with the extent of their participation in this activity.

PLEASE PRINT all information except the signature:

Last Name: _____ First Name: _____ MI ____ Credential _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Cell/Day Telephone: _____

AOA # _____

Attestation: I attended _____ hours of approved presentations for an equal number of CME/CE/contact hours and by my signature I certify to the best of my knowledge that the above information is correct.

Signature _____ Date: _____

This form must be completed, signed and submitted in order to receive credit.

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