Northern Light
Eastern Maine Medical Center

CME ATTENDANCE SHEET

Activity Title: _____

Topic: _____

Presenter: _____ **Date:** _____/_____/_____

Time Start: _____:_____ **Time End:** _____:_____ **Total Time:** _____ HRS _____ MIN

Participant Full Name	Physician /PA/NP/ CRNA?	Other? (RN/CNA /Pharm/ Etc.)	Email (if non-Northern Light)	Time In	Time Out
Example: John Doe, MD	*Physician*		*jdoe@usm.edu*	*8:00AM*	*9:00AM*

I certify that the above listed personnel attended and completed the program identified above.

Planning Member *(Signature)*: _____

Planning Member *(Print Name)*: _____

Northern Light Eastern Maine Medical Center designates this educational activity for a maximum of (0.0) AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Northern Light Eastern Maine Medical Center is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education to practicing physicians.