

*Lipedema | An educational program to recognize, diagnosis and treat patients.*

SEPTEMBER, 30 2017

**Credit Request Form**

The AMA recommends that the accredited provider document “the actual number of credits earned by individual physician participants.” This documentation is also required for other professions. In order to comply with these requirements, please complete this form and indicate the number of hours attended. The actual hours are indicated next to the session for each profession.

Please complete the form below in order to provide you with the correct number of credit hours:

Name: \_\_\_\_\_  
(Please Print Legibly) Degree

Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (H)  or (O)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the area of your professional practice:  Medicine  Administration  Other \_\_\_\_\_

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<u>Date</u>	<u>Time</u>	<u>Lecture</u>	<u>Credits</u>
30 Sept 2017	08:00 – 09:15 AM	Lipedema historical background Definition   Recognition   Diagnosis	<input type="checkbox"/> 1.25
30 Sept 2017	09:30 – 10:45 AM	Clinical Exam Imaging tutorial	<input type="checkbox"/> 1.25
30 Sept 2017	11:00 – 12:00 PM	Treatment   Small group breakout session	<input type="checkbox"/> 1.00

The activity is designated for a maximum of 3.5 AMA PRA Category 1 Credit(s)<sup>TM</sup>

Total hours Attended: \_\_\_\_\_

I certify that I attended the sessions specified above for this activity.

Signature: \_\_\_\_\_



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON

Treatment, Research  
& Education of Adipose  
Tissue Program