



## University of South Carolina School of Medicine – Palmetto Health Continuing Medical Education Organization Data Form

This information will allow us to keep proper records of the *AMA PRA Category 1 Credit(s)* ™ you earn through programs we sponsor.

\*indicates a required field

Date					
First Name*	Middle Name/Initia	l* Last	Last Name*		Suffix*
Credentials* (MD, DO, PhD, NP, etc.)	SC Medical License* Nu	F	ıs* Fellow □ sident □	S	Student □ N/A □
Affiliation	Department	Posit	tion/Title		
Specialty		Sub-	Specialty		
Business Address (Check if Primary)		Home	Address (Check if Prin	nary) 🗆	
City	State Zip	(	City	State	Zip
Work Phone (Check if Primary)			Fax		
( )	Ext		( )		
Home Phone (Check if Primary)		Cell I	Phone (Check if Prim		
( )		( )	)		
Email*					
Office Contact Name:	Contact Phone:		Contact Email:		

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