**\*\*CME certificates will be mailed to the address you provided on your registration form and ALSO REPORTED TO AAFP FOR YOU IF YOU ARE AN AAFP MEMBER\*\***

**THIS FORM MUST BE COMPLETED & SIGNED TO RECEIVE CREDITS**

Check **only** those sessions that you attended:

**Thursday, April 4, 2024 – 1:00 – 5:00pm** ***General Sessions:***

[ ]  #1: “Cancer Screening” (1)

[ ]  #2: “Encountering “Zebras” In Every Day Family

 Medicine Practice” (1)
[ ]  #3: “Diabetes Update re: GLP-1s & SGLT-2s” (1)
[ ]  #4: “Pediatric Obesity: Clinical Practice
 Guidelines” (1)

**Friday, April 5, 2024 – 8:00 – 5:05pm**  ***General Sessions:***

[ ]  #6: “What is a Practice-Based Research

 Network & Why Should I Join?” (.75)

[ ]  #7: “Well Child Visit” (.75)

[ ]  #8: “Living With A Grieving Heart- Family
 Physician’s Insight” (.75)

[ ]  #10: “Ward Rounds-Cases In Hospital
 Medicine” (.75)

[ ]  #11: “Primary Care for Transgender, Non-Binary,
 & Gender Queer Patients” (.75)

[ ]  #5: “Fibromyalgia for Primary Care” (.75)

[ ]  #12: “Insulin Management & CGM for
 Primary Care” (1.5)

[ ]  #13: “Inpatient Management of OUD &
 Ambulatory Alcohol Withdrawal Mgmt” (1.5)

**FILL IN YOUR FULL NAME & SIGN:** (Exactly how it appears on your medical license)

First: \_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: (MD/DO/PA/NP) \_\_\_

I certify that I have attended all the sessions checked above and am eligible to report CME credits to my professional organization.

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: APRIL / / 2024