



## Attestation Form for Recorded AMLI Webinar CME Credits

Please complete the section below to receive CME credits.

(one form per webinar)

Send the completed form to:  
Maggie Fogel, AMLI Administrator  
40 Prospect Street  
Portsmouth, N.H. 03801  
maggie@maggiefogel.com

Webinar Title:

Activity Date:

Contact hour: 1

**Check one of the boxes (x)**

ASCP Credit

ASCLS P.A.C.E.® credit

<input type="checkbox"/>
<input type="checkbox"/>

Printed Name:

Degree\_(MD, PhD, DO, MS, BS etc.):

Institution/Company:

E-mail:

Address:

City, State/Province Zip Code/Postal Code and Country:

I certify that I attended the above CME activity and claim the credits noted.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_