

**CME PRE-APPROVAL FORM**

Number of CME Credits applied for: \_\_\_\_\_ (At least 2 hours / day)

Location where CME will be taken: \_\_\_\_\_  
City State Country

Dates: from \_\_\_\_\_ to \_\_\_\_\_

**CME Details**

CME Topic	Presenter	CME Provider	Hours Claimed
<b>Total Hours Claimed</b>			
<b>Example:</b> CME Provider: Medscape, AAFP, AudioDigest etc or the issuer of CME Certificates			
<b>Hours Claimed:</b> 1.0 or 2.5 etc.			
<b>Certificate attached:</b> Credit will be given only for certificate copies attached.			

**Name:** \_\_\_\_\_  
First M.I. Last

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_  
Home Cell Email

**Payment**  /- \$25 x  Credit Hour Claimed  
Amount

- Paid Online at CMETrip.com by Paypal. Confirmation No. \_\_\_\_\_
- Check: Make it payable to ACE Medical Group/ CME Trip
- Credit Card:  Visa  MasterCard  Discover

\_\_\_\_\_  
Name as Appears on Card

\_\_\_\_\_  
Credit Card Number Expiration Date Verif. Code (VISA)

\_\_\_\_\_  
Signature Date