



REQUEST FOR ASSIGNMENT OF ACOG COGNATE CREDITS

INSTRUCTIONS

Attach a complete draft program announcement that includes the course title, sponsor, faculty, and subjects to be taught and associated hours, together with a check in the amount of \$125.00 payable to ACOG. If the organization submitting this request is not the ACCME or State Medical Society accredited sponsor or cosponsor, also attach a letter from the CME office of the accredited sponsor or cosponsor, on letterhead, that acknowledges sponsorship of the program.

Please allow up to three weeks for processing. Incomplete applications may delay processing.

PLEASE COMPLETE THE FOLLOWING

REQUESTING AGENCY OR ORGANIZATION _____

CONTACT _____ TELEPHONE () _____
Name

ADDRESS _____

_____ City _____ State _____ Zip Code

*ACCME SPONSOR _____

OR

*STATE MEDICAL SOCIETY SPONSOR _____

PROGRAM TITLE _____

START DATE _____ END DATE _____ HOURS OF INSTRUCTION _____

PROGRAM LOCATION _____, _____ STATE _____ SITE _____
City State Hotel, etc.

COURSE REGISTRATION FEE \$ _____ SPONSOR CERTIFIED FOR _____ AMA PRA CATEGORY 1 CREDITS™

*The Accreditation Council for Continuing Medical Education (ACCME) accredits eligible sponsors on a national basis. Information on ACCME accredited providers and recognition of state medical societies can be found on their website: www.accme.org.

Payment — Fee is \$125.00

Check/Money Order

VISA

MasterCard

Card#	Expiration Date:
Amount:	
Cardholders Name:	
Authorized Signature:	

If using a credit card, you can fax completed form to 202-484-1586

Mail completed form and check to:

ACOG Program for Continuing Professional Development

PO Box 96920

Washington, DC 20090-6920

Telephone: 202-638-5577, Ext. 2405 or 2556

Direct Line: 202-863-2405

Email: cognates@acog.org

FOR ACOG USE ONLY

Date Received _____ Amount Received \$ _____ Check# _____

Allocated to: _____ Cognate Account \$ _____ Label Account \$ _____

Reference # _____ Cognate Credits Assigned _____ Date of Response _____