



REQUEST FOR ASSIGNMENT OF ACOG COGNATE CREDITS

INSTRUCTIONS

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

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

PLEASE COMPLETE THE FOLLOWING

REQUESTING AGENCY OR ORGANIZATION _____

CONTACT _____ TELEPHONE () _____
Name

ADDRESS _____ EMAIL ADDRESS _____

_____ City _____ State _____ Zip Code

*ACCREDITED PROVIDER _____

OR

*STATE MEDICAL SOCIETY _____

PROGRAM TITLE _____

START DATE _____ END DATE _____ HOURS OF INSTRUCTION _____

ORGANIZATION WEBSITE _____ COURSE URL _____

COURSE REGISTRATION FEE \$ _____ PROVIDER AWARDS _____ AMA PRA CATEGORY 1 CREDITS™

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

Application fee - \$150.00

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. 2555

Direct Line: 202-863-2555

Email: cognates@acog.org

FOR ACOG USE ONLY

Date Received _____ Amount Received \$ _____ Check# _____

Cognate Account \$ _____ Require Receipt YES/NO

Reference # _____ Cognate Credits Assigned _____ Date of Response _____