UnityPoint Health
Des Moines

Physician Confirmation of Attendance at an Approved CME Category 1 Activity

Instructions: Complete this form and sign your name in the space provided. It is important that you write the credits next to the sessions you attend (maximum CME credits are in parentheses). This is the official record of your attendance. No certificates of attendance will be mailed unless this form is submitted. To receive your CME certificate, return this form to the conference desk.

IACME 2019 Fall Meeting and Education Expo

Friday, November 1 & Saturday, November 2, 2019

Please print legibly

NAME: _____

(First Name) (Middle Initial) (Last Name) (Degree or Title)

IOWA LICENSE NUMBER:_____ **(physicians only)**

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

CITY, STATE, ZIP:_____

(City) (State) (Zip Code)

PHONE: (_____)_____(_____)_____

(Office Phone) (Fax)

SIGNATURE: _____

CME Credits Claimed (maximum number of credits possible in parentheses)

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DATE: FRIDAY, NOVEMBER 1	**ENTER # OF CREDITS:**
ME-101	_____ (3.00)
Protecting Ancient Human Remains in Iowa	_____ (1.00)
Investigating Fatal Fires	_____ (1.00)
The Importance of Autopsy Data to Trauma Programs	_____ (.50)
Pathology of Mass Disasters: 9/11 Pentagon Attack and I-35 Bridge Collapse	_____ (1.50)
Crime Scene Processing and the DCI Crime Lab	_____ (1.00)
Drew Peterson: The Case that Shocked America	_____ (1.25)
SUBTOTAL	_____ **9.25 maximum**

DATE: SATURDAY, NOVEMBER 2	**ENTER # OF CREDITS:**
Pediatric Asphyxial Deaths	_____ (1.00)
Death Scene Photography: Practices, Procedures and Pointers	_____ (1.00)
Iowa's State Medical Examiner System—Annual Update and Future Outlook	_____ (1.00)
Iowa Case Studies	_____ (1.00)
Subtotal	_____**(4.00 Credits)**
TOTAL	_____ **(13.25 maximum)**