

## EACCME Credit Conversion Instructions

The American Medical Association (AMA) has an agreement with the European Union of Medical Specialties to convert CME credit for select CME activities certified by the European Accreditation Council for Continuing Medical Education (EACCME), to *AMA PRA Category 1 Credit™*.

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Please note that processing fees paid to the AMA for credit conversion are non-refundable; **so before applying you should check the EACCME website at [www.eaccme.eu](http://www.eaccme.eu) to be sure that the activity that you are submitting for credit conversion is on the approved list.** A separate application and processing fee are required for each activity submitted.

Please submit the following documents for each application:

- Completed EACCME credit conversion application form with payment information included.
- A copy of the certificate of attendance from the EACCME approved activity.

Certificates will be **Emailed** within **4 business weeks** from the received date of the application.

AMA members are entitled to benefits. For AMA membership information, please visit [www.ama-assn.org](http://www.ama-assn.org) or call 800.262.3211.

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**Attestation**

I hereby certify that all information provided in this application is complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 2019

**Applicant Information**

Last Name										Degree : MD <input type="checkbox"/> DO <input type="checkbox"/> Non-physician <input type="checkbox"/>		The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card. For your ME number, please contact 800-262-3211.									
First Name										Year of Birth		Medical Education Number (11-digit number)									

Mailing Address Home  Office

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number Home  Office  \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address- Mandatory in order to receive certificate \_\_\_\_\_

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

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**Conference Information**

The activity that I am submitting is listed on the EACCME website:  Yes  No

Full Name of Conference: \_\_\_\_\_

Conference Date: \_\_\_\_\_ Conference Location: \_\_\_\_\_

Total Number of Credits Claimed: \_\_\_\_\_

**Payment Information**

Non-Refundable processing fees: (within 4 weeks of receipt)  AMA Member \$30  Non-AMA Member \$75

Check enclosed (please make checks payable to the American Medical Association)

Credit Card  Visa  Master Card  American Express  Check box to receive a receipt.

Name (as it appears on the card): \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: (mm/yy) \_\_\_\_\_

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

**If returning by mail:**  
 American Medical Association  
 AMA Plaza  
 330 N. Wabash Ave., Suite 39300  
 Chicago, IL 60611-5885

**If returning by fax or email:**  
 Fax: (312) 464-5129  
 (include credit card information)  
 Email: [pra@ama-assn.org](mailto:pra@ama-assn.org)

**Questions?**  
 (312) 464-4669  
[www.ama-assn.org/education/physician-applications-forms](http://www.ama-assn.org/education/physician-applications-forms)