

# Continuing Education Credit Request form

## *Compassionate Care at the End of Life*

April 29, 2016 • UTC Nursing

To receive CME/AMA Category 1 Credits for participation in this continuing medical education activity, complete the form below. Your certificate will be mailed or emailed to you.

**Only the credit commensurate with the extent of their participation in the activity.**

**Please check all of sessions attended:**

|                          | TIME:          | LENGTH:  | TITLE & SPEAKER:   |
|--------------------------|----------------|----------|--|
| <input type="checkbox"/> | 8:35-10:30 am  | 115 mins | <b>Creating a Caring Culture at the End of Life – Tarron Estes</b>   |
| <input type="checkbox"/> | 10:45-12:45 pm | 120 mins | <b>Shifting the Bio-cidic Culture of Care – Tarron Estes</b>         |
| <input type="checkbox"/> | 1:15-3:00 pm   | 105 mins | <b>Best 3 Months of Life Conversations &amp; Care – Tarron Estes</b> |
| <input type="checkbox"/> | 3:15-4:00 pm   | 45 mins  | <b>Implementing Best Life Care – Tarron Estes</b>                    |
| <input type="checkbox"/> | 4:00-4:15 pm   | 15 mins  | <b>Harvesting Learning – Tarron Estes</b>                            |
| <input type="checkbox"/> | 4:15-4:30 pm   | 15 mins  | <b>A Practice for Death – Tarron Estes</b>                           |

**Total minutes Attended:** \_\_\_\_\_ /415 minutes total

### ATTESTATION

*By signing below, I attest that I attended the sessions indicated above.*

**PLEASE PRINT**

**SIGNATURE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Signature

### LEARNER INFORMATION

**OPTIONAL:** *If you did not pre-register for this meeting, please give us your address below so that we know where to mail your credit certificate.*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip