

## **AEP CME Recognition Awards**

Please check which CME Recognition Award you qualify for.

- Bronze:** 150 hrs of emergency medicine CME since January 1, 2005 (or in the last 2 years).
- Silver:** 300 hrs of emergency medicine CME since January 1, 2004 (or in the last 3 years).
- Gold:** 500 hrs of emergency medicine CME since January 1, 2002 (or in the last 5 years).
- Platinum:** 750 hrs of emergency medicine CME since January 1, 2000 (or in the last 7 years).
- Titanium:** 1000 hrs of emergency medicine CME since January 1, 2000.
- Quantum:** 2500 hrs of emergency medicine CME since onset of EM career / lifetime.

Please complete the following **recipient information** (please print clearly or type):

Name: \_\_\_\_\_ Title(s): \_\_\_\_\_  
AEP member since: \_\_\_\_\_ AEP member id #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone # (in case we need to call you): \_\_\_\_\_  
Email address: \_\_\_\_\_

Supporting documentation necessary:

- Submit **summary listing** of EM CME obtained to include:
  - Name/Title of course(s)
  - Dates of attendance and/or completion
  - Location (if home/self-study, indicate so)
  - Hours of prescribed (or elective) CME credit
- Submit copy of certificate(s) of attendance/completion for each course listed.

Submit processing fee/payment of \$150.00 along with your application and the above supporting documentation to: The **Association of Emergency Physicians**

Attention: Certifications Committee/CME Recognition  
911 Whitewater Dr.  
Mars, PA 16046-4221

Please allow 6-8 weeks for processing and delivery of CME Recognition Award Certificate.

If you would like AEP to send a letter regarding your achievement and recognition to someone in an organization, hospital, emergency department, local newspaper, or other, please complete the appropriate information on the next page.

Thank you!

Check by each of the below that you would like AEP to send a letter regarding your achievement and recognition.

ED Medical Director: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

President of Medical Staff –or- Credentialing Coordinator/Committee:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hospital CEO or other Administrative personnel:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Newspaper:  
Name of newspaper: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_