***MEDICAL SOCIETY OF THE STATE OF NEW YORK***

***Certificate of Attendance***



**This will serve to verify that *(name of participant)* attended the CME activity**

**(Title of Activity)**

**held on**

**(Date)**

**And is awarded \_\_\_ *AMA PRA Category 1 Credits™.***

This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MSSNY and (Name of the Non-Accredited Provider). MSSNY is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this (type of activity) for a maximum of (number of credits) *AMA PRA Category 1 Credits™.* Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# PLEASE RETAIN THIS ATTENDANCE CERTIFICATE AS A RECORD OF YOUR PARTICIPATION