

CME Certificate/Transcript Request

Date of Request:	
Name:	
Degree (MD, PA, etc.):	
Facility/Dept.:	
Telephone:	
Type of request	
<input type="checkbox"/> Transcript(s) (\$20 per academic year) <input type="checkbox"/> Academic Year(s) Requested for:	Title of grand rounds, Date of Occurrence, Presented by (Hospital/Department):
<input type="checkbox"/> Certificate(s) (\$20 per conference)	Title of Conference/symposium, Date of Occurrence, Presented by (Hospital/Department):
Payment Options:	
<input type="checkbox"/> Online Payment: Go to the Downstate E-Market to pay by credit card or electronic check. Be sure to click on "e-mail another receipt" when done to forward your receipt to ocme @downstate.edu or fax us your receipt at 718-20-4563. Note that quantity = years, for 2 years you will enter "2" in quantity. SUNY P-CARDS not accepted.	
<input type="checkbox"/> Mail Check # _____	
<input type="checkbox"/> Fax Credit Card payment: (MC,VISA, & Discover only)	
Amount authorized: _____	
Card#: _____	Exp. Date _____
***3 digit security code _____	
Name/ billing address/zip code _____	

Signature & Date _____	
I hereby authorize SUNY Downstate to charge my credit card for the amount indicated above.	
Delivery Method	<input type="checkbox"/> E-mail to: _____
Fax request to 718-270-4563 or email to ocme @downstate.edu. The \$20 processing fee can also be paid at the Bursar office or you may forward your payment to the OCME at 450 Clarkson Ave, Box 1244 Brooklyn, NY 11203. Make check payable to OCME IFR 900051.	
Please allow two weeks for a reply to your request, and indicate your choice of delivery of your request on the form. Transcripts and certificates will be forwarded upon receipt of your fee. If you have any questions, please refer your calls to (718) 270-2422.	
For Office Use Only:	
Date Received in OCME: _____	Fee Paid: _____
CME staff _____	Date forwarded _____