

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 Method:	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> 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"/> Will pick-up <input type="checkbox"/> E-mail to: _____ <input type="checkbox"/> Fax# _____
Mail to Address:	
<p>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.</p> <p>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.</p>	
For Office Use Only:	
Date Received in OCME: _____ Fee Paid: _____ CME staff _____ Date forwarded _____	