



Request for CME Certificate/Transcript

Date of Request	
Name (Print Clearly)	
Credentials: (circle)	MD, PhD, PsyD, DO, PA, CNM, RN, Other
Address	
Facility/Department	Box #
Telephone	Cell / Pager / Work Phone #
Request Information <input type="checkbox"/> Transcript(s) (\$20 per Academic year) Title of Activity, Date of Occurrence Presented by (Hospital/Department)	
<input type="checkbox"/> Certificate(s) (\$20 per conference) Title of Conference, Date of Occurrence Presented by (Hospital/Department)	
Payment Information <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash/Paid in person _____ <input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Amount Authorized \$ _____ Cardholder's Name (as it appear on card): _____ Card Number # _____ Expiration Date: _____ Signature _____ I hereby authorize SUNY Downstate to charge my credit card for the amount indicated above.	
Choice of Delivery: Send To:	<input type="checkbox"/> Will Pick Up <input type="checkbox"/> Fax# _____ <input type="checkbox"/> Mailbox # _____
<p>Return this form to Box 1244 or fax to (718) 270-4563. The \$20 processing fee can be paid at the Bursar office or you may forward your payment to OCME at 450 Clarkson Ave, Box 1244 Brooklyn, NY 11203. Make check payable to SUNY OCME. 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: Fee Paid: Yes <input type="checkbox"/> Pending <input type="checkbox"/> Mail / Pick up Date _____ Processed by: _____ Date: _____	