



SUNY  
**DOWNSTATE**  
Medical Center

Office of  
Continuing  
Medical Education

## Request for CME Certificate/Transcript

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

(Print Clearly) Degree: (MD, PA, etc.) \_\_\_\_\_

Facility/Dept.: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

☐ Transcript(s) (\$20 per academic year)

Academic year(s) request for: \_\_\_\_\_

Title of Conference, Date of Occurrence, Presented by (Hospital/Department)

☐ Certificate(s) (\$20 per academic year)

Academic year(s) request for: \_\_\_\_\_

Title of Conference, Date of Occurrence, Presented by (Hospital/Department)

Credit Card payment: (MC, VISA & Discover)

Amount authorized: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appear on card \_\_\_\_\_

Signature & Date \_\_\_\_\_

Choice of delivery:

☐ Will Pick Up      ☐ Fax # \_\_\_\_\_      ☐ Mailbox # \_\_\_\_\_

SEND TO ADDRESS: \_\_\_\_\_

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 the 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 \$20 CME fee. If you have any questions, please refer your calls to (718) 270-2422.

**For Office Use Only** Date Received in OCME: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Yes ☐

Pending ☐