



AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

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**13th Annual International Pediatric Orthopaedic Symposium presented by POSNA and AAOS; #3272
December 6-10, 2016; Lake Buena Vista, FL**

ACCREDITATION STATEMENT

The American Academy of Orthopaedic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA CREDIT DESIGNATION STATEMENT

The American Academy of Orthopaedic Surgeons designates this LIVE activity for a maximum of **24.5 AMA PRA Category 1 Credits™**. Physicians should only claim credits commensurate with the extent of their participation in the activity.

International Physicians: The AMA has determined that physicians not licensed in the United States but who participate in this CME activity are eligible for **AMA PRA Category 1 Credits™**.

Allied Health Professionals: The Academy is not accredited to offer credit for nurses and other allied health professionals. To determine if activities offering Category 1 CME credit are acceptable for your licensing or certification needs please contact the relevant organizations directly.

Do not return this document to the Academy. Please keep this document for your CME records and your reporting requirements.

No formal evaluation of the participant’s cognitive or psychomotor skills achievement is performed for the purpose of establishing credentials for medical practice or hospital privileges.

If you are a member of the Academy, your CME transcript is available on the Academy’s website, <http://www.aaos.org/>, in the Member Resources section located under the Membership dropdown on the main menu. This area is only accessible with an Academy ID number.

If you are not a member of the Academy, please call 1-800-346-AAOS (2267) and ask for member services or email at member@aaos.org. It may take up to four weeks to post CME credits to your transcript.

* **Category 1 CME credits toward the Physician’s Recognition Award Program of the American Medical Association claimed by the physician.** It is the physician’s responsibility to claim credit based on actual participation in this educational activity. Document only the number of credits claimed based on your participation.

Name

Signature of Participant

Address

Date

City, State, Zip