Insert Your Company’s Logo

Southern Medical Association

## Certifies that

[insert name, MD]
[insert city, state]

*Has participated in the Live activity entitled:*

[insert activity title]

in [insert city, state], on [insert activity date]

This activity was designated for [insert maximum credits available] *AMA PRA Category 1 Credit(s)*™

**Hours of Participation Claimed**: [insert number here]

This activity has been planned and implemented in accordance

with the accreditation requirements and policies of the

Accreditation Council for Continuing Medical Education (ACCME)

through the joint providership of Southern Medical Association

and [insert your company’s name].

*The Southern Medical Association is accredited by the*

*Accreditation Council for Continuing Medical Education*

 *to provide continuing medical education for physicians.*

###### Southern Medical Association

3500 Blue Lake Drive ⚫ Suite 360 ⚫ Birmingham, AL 35243

Toll-free: 800.423.4992, ext. 620 ⚫ Fax 205.945.1830

[www.sma.org](http://www.sma.org)

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Southern Medical Association

## Certifies that

[insert name, MD]
[insert city, state]

*Has participated in the Internet Activity Enduring Material entitled:*

[insert activity title]

Completed on [insert activity date]

This activity was designated for [insert maximum credits available] *AMA PRA Category 1 Credit(s)*™

**Hours of Participation Claimed**: [insert number here]

This activity has been planned and implemented in accordance

with the accreditation requirements and policies of the

Accreditation Council for Continuing Medical Education (ACCME)

through the joint providership of Southern Medical Association

and [insert your company’s name].

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Southern Medical Association

## Certifies that

[insert name, MD]
[insert city, state]

*Has participated in the Journal-based CME Activity entitled:*

[insert activity title]

Completed on [insert activity date]

This activity was designated for [insert maximum credits available] *AMA PRA Category 1 Credit(s)*™

**Hours of Participation Claimed**: [insert number here]

This activity has been planned and implemented in accordance

with the accreditation requirements and policies of the

Accreditation Council for Continuing Medical Education (ACCME)

through the joint providership of Southern Medical Association

and [insert your company’s name].

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