Rural/Metro® Medical Services
50 Years of Serving Others

Continuing Medical Education Form

Reviewed By: _____
CME Credit Granted: _____ hours

Name:	Number:	Date:	Hours: From - To
_____	_____	____/____/____	_____ - _____

Topic:	Presenter/Author:
_____	_____

Sponsor/Publication: _____

Course Location: _____

Instructor/Preceptor Signature: _____

Summary: _____

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Signature: _____