UNIVERSITY OF SOUTH CAROLINA
School of Medicine

PALMETTO HEALTH

University of South Carolina School of Medicine – Palmetto Health
Continuing Medical Education Organization

Data Form

This information will allow us to keep proper records of the ***AMA PRA Category 1 Credit(s) ™*** you earn through programs we sponsor.

**indicates a required field*

Date _____

First Name* _____ Middle Name/Initial* _____ Last Name* _____ Suffix* _____

Credentials*
(MD, DO, PhD, NP, etc.) _____

SC Medical License* Number _____

Status*
Fellow ☐ Student ☐
Resident ☐ N/A ☐

Affiliation _____ Department _____ Position/Title _____

Specialty _____ Sub-Specialty _____

Business Address (Check if Primary) ☐

_____
_____
City State Zip

Home Address (Check if Primary) ☐

_____
_____
City State Zip

Work Phone (Check if Primary) ☐
( ) _____ Ext. _____

Fax
( ) _____

Home Phone (Check if Primary) ☐
( ) _____

Cell Phone (Check if Primary) ☐
( ) _____

Email* _____

Office Contact Name: _____

Contact Phone:
( ) _____

Contact Email: _____

Print Form Submit by Email

Office of Continuous Professional Development & Strategic Affairs
3555 Harden Street Ext., Suite 100 (15 Medical Park), Columbia, South Carolina 29203
803-434-4211 ● 803-434-4288 ● cpdsa@uscmed.sc.edu