



CME ID Registration Form

Each CME attendee needs a unique identification number so that his/her records may be accurately kept. The social security number (SSN) works for many, but not all, physicians.

You may wish to keep a copy for your reference.

Please use your CME ID number consistently so that your CME record will be accurate. You may begin using your number right after you submit this form.

Preferred CME ID number
(last 4 digits of social security number)

or

Social Security Number

Last Name (print)

First Name (print)

Mailing Address: _____

E-mail address _____

Specialty _____

Phone _____

Please fax this form to the CME Office 829-2378, OR mail it to:

Office of Continuing Medical Education
School of Medicine & Biomedical Sciences
Cary Hall, Room 111
Buffalo, New York 14214-3005