

**Department of Medical Education Roster**

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| Date |  |
| Title |  |
| Room |  |
| Speaker |  |

AMA Credit: One (1) Hour

**Discussions regarding patient care are privileged and confidential. Participants are reminded of their obligation to keep all matters discussed at this conference confidential. Your signature below indicates that you will maintain confidentiality.**

**ANY ILLEGIBILE NAME WILL NOT RECEIVE CREDIT**

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| NAME PLEASE PRINT | SIGNATURE | EMPLOYEE # | SPECIALTY |
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