

Participants in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program may apply for one or both of the following certificates:

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### The American Medical Association's Physician's Recognition Award (AMA PRA)

The AMA Physician's Recognition Award (AMA PRA) is one way the AMA recognizes physicians for their dedication to life-long learning. Residents and fellows can obtain a 1-, 2- or 3-year AMA PRA commensurate with the number of years completed in the residency or fellowship program. The cost of an AMA PRA is \$100. Residents and fellows who are AMA members can receive the AMA PRA at no charge, as a benefit of membership. Include your email address to receive electronic notification for your next AMA PRA certificate. For further information, please visit [www.ama-assn.org/go/pr](http://www.ama-assn.org/go/pr).

### Certificate of AMA PRA Category 1 Credit™

Residents and fellows may now apply for 20 AMA PRA Category 1 Credits™ for each year of participation in a residency or fellowship program completed within the last six years. The cost of the credit certificate is \$75. Residents and fellows who are AMA members can receive a credit certificate at no charge, as a benefit of membership.

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**Applicant Name (please print):** \_\_\_\_\_

#### Program Information:

Name of residency or fellowship program: \_\_\_\_\_

Number of residency or fellowship years completed to date: \_\_\_\_\_

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#### Documentation Requirements:

- Attach a certificate of completion, or a letter from the program director**, indicating the specific residency or fellowship program and dates of participation, including the years completed to date.

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#### Certificate Type:

- AMA Physician's Recognition Award (PRA)**

**End date of the most recent year completed within the program:** \_\_\_\_\_

*(This will be the issue date for your AMA PRA.)*

**Check only one option below:**

- 1 year completed = 1-year AMA PRA Certificate  
 2 years completed = 2-year AMA PRA Certificate  
 3 years completed = 3-year AMA PRA Certificate

- Certificate of AMA PRA Category 1 Credit™**

List the start and end dates of three years of residency or fellowship training completed within the last six years for which you are claiming credit. You will receive one certificate of credit listing the dates for each year completed, and 20 credits for each year.

**Please note:** Credit can only be awarded for years completed to date. If you have completed more than three years of residency or fellowship program, list the three most recent years completed.

	Start Date	End Date	Credits
Program Year 1:	____/____/____	____/____/____	<b>20</b>
Program Year 2:	____/____/____	____/____/____	<b>20</b>
Program Year 3:	____/____/____	____/____/____	<b>20</b>

**Total Credits Claimed:** \_\_\_\_\_

**Resident Application**  
**Physician Recognition Award and Direct Credit**



Application valid until 12/31/2012.  
 Please contact the AMA for the current form after  
 this date.

**Attestation**

I hereby certify that all information provided in this application is complete and correct to the best of my knowledge.

			2012
Signature	Date		

**Applicant Information**

	<b>Degree:</b> MD <input type="checkbox"/> DO <input type="checkbox"/>	The medical education [ME] number is an 11-digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card. For your ME number, please contact 800-262-3211
Last Name		
First Name	Year of Birth	Medical Education Number (11-digit number)

Mailing Address Home  Office

City	State	Zip Code

Phone Number Home <input type="checkbox"/> Office <input type="checkbox"/>	Fax Number	Email Address- Mandatory in order to receive certificate

		AMA members are entitled to benefits. For AMA membership information, please visit <a href="http://www.ama-assn.org">www.ama-assn.org</a> or call 800.262.3211.
Medical School	Year of Graduation	

**Processing Information**

Non-Refundable Processing Fees: (check one)	<input type="checkbox"/> <b>AMA Member</b>	<input type="checkbox"/> <b>Non-Member</b>
<input type="checkbox"/> PRA	No Charge	\$100
<input type="checkbox"/> Credit Certificate	No Charge	\$75
<b>Total Cost:</b>	\$ 0.00	\$ _____

This processing fee is nonrefundable. \* All certificates will be Emailed.

<input type="checkbox"/> Check Enclosed (Payable to American Medical Association)	<b>For office use:</b>
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit Certificate: EA39-4221                                      PRA: BP21-4925

Name (as it appears on your credit card)	Account Number
Authorized Signature of Cardholder	Expiration Date (mm/yy)

**If returning by mail:**  
 American Medical Association  
 Continuing Physician Professional Development  
 515 N. State Street, Rm 7544  
 Chicago, IL 60654

**If returning by fax or email:**  
 Fax: (312) 464-5129  
 (include credit card information)  
 Email: [pra@ama-assn.org](mailto:pra@ama-assn.org)

**Questions?**  
 (312) 464-4669