RCPSC Credit Conversion Instructions

The American Medical Association (AMA) and the Royal College of Physicians and Surgeons of Canada (Royal College) have renewed their CME agreement. Under the new agreement, select activities approved for Royal College MOC Credits are eligible for conversion to *AMA PRA Category 1 Credit™*. This agreement is in place from January 1, 2017 through December 31, 2020.

Only those National Specialty Societies and Simulation Programs that have been approved by the Royal College as accredited CPD providers are covered by this agreement.

Only those activities approved by Royal College accredited CPD providers, as described above, in the following categories are eligible for conversion:

- Section 1, live face-to-face group learning
- Section 1, web-based synchronous
- Section 1, web-based asynchronous
- Section 3, self-assessment programs (designed to assist the specialist to identify gaps in knowledge)
- Section 3, simulation activities

Please submit the following documents for each application:

- Completed RCPSC credit conversion application form with payment information included
- A copy of the Royal College MOC credit certificate

Certificates will be Emailed within 3 business weeks from the received date of the application.

AMA members are entitled to benefits. For AMA membership information, please visit [www.ama-assn.org](http://www.ama-assn.org) or call 800.262.3211.
Application for RCPSC Credit Conversion
AMA PRA Category 1 Credit™

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

Signature
Date
2017

Applicant Information

Degree: MD ☐ DO ☐ Non-physician ☐

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.

Full Name: Last Name First Name
Year of Birth
Medical Education Number (11-digit number)

Mailing Address
Home Office
City
State
Zip Code

Phone Number
Home Office Fax Number

Email Address - Mandatory in order to receive certificate

Medical School
Year of Graduation

Conference Information

The activity that I am submitting was designated for credit by a RCPSC accredited organization: ☐ Yes ☐ No

Full Name of Conference:
Conference Date: Conference Location:

Total Number of Credits Claimed:

Payment Information

Non-Refundable Processing Fees: ☐ AMA Member $30 ☐ Non-AMA Member $75

☐ Check enclosed (please make checks payable to the American Medical Association)

☐ Credit Card ☐ Visa ☐ Master Card ☐ American Express ☐ Check box to receive a receipt.

Name (as it appears on the card):
Account Number: Expiration Date: (mm/yy)

Signature: Date:

Questions?
(312) 464-4669
www.ama-assn.org/education/physician-applications-forms