Qatar Council for Healthcare Practitioners - Accreditation Department (QCHP-AD) Credit Conversion Instructions

The American Medical Association (AMA) and the Qatar Council for Healthcare Practitioners - Accreditation Department (QCHP-AD) have entered into a CME agreement. Under this agreement, select activities approved for QCHP CPD credit are eligible for conversion to AMA PRA Category 1 Credit™. This agreement is in place from January 1, 2017 through December 31, 2018.

Only those activities certified for credit either by organizations accredited by the QCHP-AD or directly by the QCHP-AD are covered by this agreement.

Only those certified for QCHP CPD credit in the following categories are eligible for conversion to AMA PRA Category 1 Credit(TM).

- Category 1: Accredited Group Learning Activities including
  - a) Conferences, symposia, seminars and workshops
  - b) Educational rounds, including morning report in health-care facilities, Grand rounds, Morbidity and Mortality rounds, tumor boards and case based discussions
  - c) Journal clubs
  - d) On-line synchronous or blended group learning activities

- Category 3: Assessment activities including
  - a) Accredited knowledge assessment programs
  - b) Accredited simulation

Please submit the following documents for each application:

- Completed QHCP-AD credit conversion application form with payment information included
- A copy of the QHCP CPD credit certificate

Certificates will be emailed within 4 business weeks from the received date of the application.

Non-physician health professionals and other participants may not be awarded AMA PRA Category 1 Credit™. Such persons will instead receive a Certificate of Participation.

AMA members are entitled to benefits. For AMA membership information, please visit www.ama-assn.org or call 800.262.3211.
## Application for QCHP-AD Credit Conversion

*AMA PRA Category 1 Credit™*

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### Attestation

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

**Signature**

**Date**

2018

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### Applicant Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Year of Birth</th>
<th>Medical Education Number (11-digit number)</th>
</tr>
</thead>
</table>

**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

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### Applicant Information

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Home</th>
<th>Office</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Home</th>
<th>Office</th>
<th>Fax Number</th>
</tr>
</thead>
</table>

**Email Address**

Mandatory in order to receive certificate

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### Medical School

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Year of Graduation</th>
</tr>
</thead>
</table>

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### Conference Information

The activity that I am submitting was designated for credit by a QCHP-AD accredited organization:

- [ ] Yes
- [x] No

**Full Name of Conference:**

**Conference Date:**

**Conference Location:**

**Total Number of Credits Claimed:**

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### 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)

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If returning by mail:

American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Email: pra@ama-assn.org


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If returning by fax or email:

Fax: (312) 464-5129

Email: pra@ama-assn.org


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Questions?

(312) 464-4669