



Pediatric Orthopaedic Society of North America

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POSNA ANNUAL MEETING May 17-19, 2012, Hyatt Regency Hotel, Denver, Colorado

ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Academy of Orthopaedic Surgeons (AAOS) and the Pediatric Orthopaedic Society of North America (POSNA). AAOS is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME CREDIT

U.S. Physicians: The American Academy of Orthopaedic Surgeons designates this educational activity for a maximum of 16.5 *AMA PRA Category 1 Credits*TM. Physicians should only claim credits commensurate with the extent of their participation in the activity.

International Physicians: The AMA has determined that physicians not licensed in the United States but who participate in this CME activity are eligible for *AMA PRA Category 1 Credits*TM.

Allied Health Professionals: The Academy is not accredited to offer credit for nurses and other allied health professionals. To determine if activities offering Category 1 CME credit are acceptable for your licensing or certification needs, please contact the relevant organizations directly.

Do not return this document to the Academy. Please keep this
Document for your CME records and your reporting requirements.

No formal evaluation of the participant's cognitive or psychomotor skills achievement is performed for the purpose of establishing credentials for medical practice or hospital privileges.

If you are a member of the Academy, your CME transcript is available on the Academy's website (www.aaos.org) in the "Member Services" section. This area is only accessible with an Academy ID number. It may take up to four weeks to post CME credits to your transcript.

* **Category 1 CME credits toward the Physician's Recognition Award Program of the American Medical Association claimed by the physician.** It is the physician's responsibility to claim credit based on actual participation in this educational activity. Document only the number of credits claimed based on your participation.

Name (please print)

Signature

Address

Date

City, State, Zip

Denver, Colorado ~ May 16 – 19, 2012