

Palau Congress Centre May 3 – 6, 2017, Barcelona, Spain

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 22* AMA PRA Category 1 CreditsTM. Physicians should only claim credits commensurate with the extent of their participation in the activity.

*This number includes all hours attended from Wednesday afternoon through Saturday morning.

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.

<u>Do not</u> 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. If may take up to four weeks to post CME credits to your transcript.

Medical Association claimed by the	ward the Physician's Recognition Award I physician. It is the physician's responsibility. Document only the number of credits classes.	ty to claim credit based on actual
Name (please print)	Signature	
Address	Date	
City, State, Zip		