

## Category 1 Change Form

(To be filled out only if you do not attend  
the entire educational activity.)

CONFERENCE TITLE:

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CONFERENCE DATE:

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The University of Iowa Carver College of Medicine designates this educational activity for a maximum of \_\_\_\_\_ category 1 credits toward the AMA Physician's Recognition Award.

**Each physician should claim only those category 1 credits that he/she actually spent in the activity.**

**If the time you participated is less than the maximum shown above, please print your name below and the correct number of category 1 credits you should be awarded.**

Name

(Hours you attended)

A certificate will be mailed to you showing the correct credits.

THANK YOU