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| MAINE MEDICAL EDUCATION TRUSTFOR YOUR RECORDS – PLEASE ONLY SEND TO LICENSURE BOARD WITH CERTIFICATION PACKET IF AUDITEDCME DOCUMENTATION |
| Organization NameTitle of Activity |
| Date |
| **“NAME”** |
| ***The Maine Medical Education Trust certifies that [Physician Name, Credentials] has participated in the [learning format] titled [title of activity] on [date] and is awarded [number of credits] AMA PRA Category 1 Credit(s)™.*** |
|  |  | *The Maine Medical Education Trust designates this live activity for a maximum of \_\_\_\_.AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.**This activity qualifies for \_\_\_ credit of the 3 CME credit requirement for opioid medication education found in P.L. 015, Chapter 488, Maine’s legislation to address the opioid drug crisis.**The Maine Medical Education Trust is accredited by the Maine Medical Association’s Committee on Continuing Medical Education to provide Continuing Medical Education (CME) to physicians.* |  |

If you have any questions regarding your CME documentation, please email [Name] at [email]

Thank you!