



Attendance and Credit Form for Surgical Pre-Conference Course
Surgical Management of Breast Disease
19th Annual National Interdisciplinary Breast Center Conference
 Planet Hollywood Resort & Casino Hotel Las Vegas, Nevada
 Saturday March 14, 2009

- Nurse (RN = California BRN credit * - see instructions on bottom of form!)
- Physician (MD =AMA category 1 credit)
- Administrator
- Other _____

Medical License Number _____ State _____

This form will be used as verification of your attendance, and certificates will be mailed by May 29, 2009. Note the time for each session you attended and list the total hours you are requesting for credit. At the end of the seminar, please submit this to the NCBC registration desk.

PLEASE PRINT CLEARLY

Name: _____

Signature: _____

Phone: _____ **City:** _____ **State:** _____

Begin	End	Session	Hours Attended BRN-NURSES*	Hours Attended AMA PRA Category 1 Credits
8:00 AM	9:00 AM	Benign Breast Disease		1.0
9:00 AM	10:00 AM	Management of the High Risk Patient		1.0
10:15 AM	11:15 AM	Imaging of the Breast for the Surgeon		1.0
11:15 AM	12:15 PM	Lymph Node Analysis		1.0
1:30 PM	2:30 PM	Image-Guided Biopsies		1.0
2:30 PM	3:30 PM	Breast Surgical Techniques		1.0
3:45 PM	4:45 PM	Adjuvant Therapy		1.0
4:45 PM	5:45 PM	Tumor Board and Panel Discussion		1.0
Total Conference Hours For Surgical Course Sessions: (Please Circle the Total That Applies To You)			9.0	8.0
If you did not attend every session listed above, please circle the hour(s) for the sessions you did attend and list the total in the appropriate box in this row:				
*Nurses: To receive 9.0 BRN contact hours for this session, the entire 8.0 hours must be attended (Circle the 9.0 total in the BRN-Nurses Column). Otherwise, Category 1 credits will be given for partial attendance (Circle the credit hours approved in the Category 1 Column).				