

## Learning Session Medical Knowledge Module Order Form

**Directions:** Please provide the following event information and indicate the Medical Knowledge Module(s) you would like to present at your upcoming Learning Session. Learning Sessions held after the date/time indicated on this form constitute another use of the module, and a new form should be submitted.

For Learning Sessions held on or before June 30, 2012, the fee is \$250 per module per event (not per Learning Session). The same one module may be used multiple times during the same event (e.g., annual meeting) for a single price, but modules held at different events are charged separately.

Please submit all completed order forms to [medicalknowledge@abim.org](mailto:medicalknowledge@abim.org) or fax to 215.446.3570. The module(s) in PDF form and in PowerPoint form as well as associated multimedia files will be mailed approximately 90 days in advance of the Learning Session. Please submit this form at least 90 days prior to your scheduled session. ***The limited license granted to your organization by ABIM permits you to reproduce, distribute, and present this copyrighted ABIM material at the event described below only. This copyrighted material must be destroyed at the conclusion of the event.*** You will also receive informational brochures about the ABIM MOC program for attendees.

### Learning Session Information

- A.**
- Organization Name: \_\_\_\_\_  
 Organization Address: \_\_\_\_\_  
 Address to send Learning Session Packet If Not the Same as Above: \_\_\_\_\_  
 \_\_\_\_\_  
 Administrative Contact Name, Title, Email Address, and Phone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Has your organization previously held a Learning Session? \_\_\_\_\_  
 How did you hear about ABIM Learning Sessions? \_\_\_\_\_
- B.**
- Event Name: \_\_\_\_\_  
 Event City/State: \_\_\_\_\_  
 Event Date(s) and Time(s): \_\_\_\_\_  
 ABIM Medical Knowledge Module(s) to be utilized during Learning Session(s):  
*(List of available modules is included in this document. Please check those boxes in addition.)*  
 \_\_\_\_\_  
 Approximate number of anticipated Learning Session participants: \_\_\_\_\_  
 If number of attendees is per session, total attendees: \_\_\_\_\_
- C.**
- Is your organization granting *AMA PRA Category 1 Credit(s)* to Learning Session participants? \_\_\_\_\_  
 If so, how many CME hours? \_\_\_\_\_  
 Will your organization charge a participant fee? \_\_\_\_\_  
 If so, what is the fee per participant? \_\_\_\_\_ Is that fee per session? If yes, what is the total fee? \_\_\_\_\_

### Facilitator Information *(You may provide complete facilitator information on a separate page if needed.)*

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

### Website Information

- Please list our organization's URL address on ABIM's website for participants to access more information about our upcoming Learning Session. URL: <http://> \_\_\_\_\_
- Please do not list our organization's scheduled learning session on ABIM's website.

## Medical Knowledge Modules Available

Please indicate the ABIM Medical Knowledge Module(s) to be utilized during your Learning Session(s) by checking the box(es) below. All of the modules contain **25 multiple-choice questions worth 10 points toward Maintenance of Certification**. For more information about ABIM's Maintenance of Certification Program, visit [www.abim.org](http://www.abim.org).

- |   |   |
|---|---|
| <input type="checkbox"/> Cardiovascular Disease, 2009 Update (A1-J)             | <input type="checkbox"/> Infectious Disease, 2009 Update (A6-J)       |
| <input type="checkbox"/> Cardiovascular Disease, 2010 Update (A1-K)             | <input type="checkbox"/> Infectious Disease, 2010 Update (A6-K)       |
| <input type="checkbox"/> Cardiovascular Disease, 2011 Update (A1-L)             | <input type="checkbox"/> Infectious Disease, 2011 Update (A6-F)       |
| <input type="checkbox"/> Clinical Cardiac Electrophysiology, 2009 Update (B3-J) | <input type="checkbox"/> IM- Office Based, 2009 Update (C0-J)         |
| <input type="checkbox"/> Clinical Cardiac Electrophysiology, 2010 Update (B3-K) | <input type="checkbox"/> IM- Office Based, 2010 Update (C0-K)         |
| <input type="checkbox"/> Clinical Cardiac Electrophysiology, 2011 Update (B3-L) | <input type="checkbox"/> Internal Medicine, 2011 Update (C0-L)        |
| <input type="checkbox"/> Care for the Underserved                               | <input type="checkbox"/> IM- Hospital Based, 2009 Update (A0-J)       |
| <input type="checkbox"/> Critical Care Medicine, 2009 Update (A2-J)             | <input type="checkbox"/> IM- Hospital Based, 2010 Update (A0-K)       |
| <input type="checkbox"/> Critical Care Medicine, 2010 Update (A2-K)             | <input type="checkbox"/> Hospital Medicine, 2011 Update (83-L) *      |
| <input type="checkbox"/> Critical Care Medicine, 2011 Update (A2-L)             | <b>*Available August 2011</b>   |
| <input type="checkbox"/> Endocrinology, 2009 Update (A3-J)                      | <input type="checkbox"/> Interventional Cardiology 2009 Update (B2-J) |
| <input type="checkbox"/> Endocrinology, 2010 Update (A3-K)                      | <input type="checkbox"/> Interventional Cardiology 2010 Update (B2-K) |
| <input type="checkbox"/> Endocrinology, 2011 Update (A3-L)                      | <input type="checkbox"/> Interventional Cardiology 2011 Update (B2-L) |
| <input type="checkbox"/> Gastroenterology, 2009 Update (A4-J)                   | <input type="checkbox"/> Medical Oncology, 2009 Update (A8-J)         |
| <input type="checkbox"/> Gastroenterology, 2010 Update (A4-K)                   | <input type="checkbox"/> Medical Oncology, 2010 Update (A8-K)         |
| <input type="checkbox"/> Gastroenterology, 2011 Update (A4-L)                   | <input type="checkbox"/> Medical Oncology, 2011 Update (A8-L)         |
| <input type="checkbox"/> Geriatric Medicine, 2009 Update (B1-J)                 | <input type="checkbox"/> Nephrology, 2009 Update (A7-J)               |
| <input type="checkbox"/> Geriatric Medicine, 2010 Update (B1-K)                 | <input type="checkbox"/> Nephrology, 2010 Update (A7-K)               |
| <input type="checkbox"/> Geriatric Medicine, 2011 Update (B1-L)                 | <input type="checkbox"/> Nephrology, 2011 Update (A7-L)               |
| <input type="checkbox"/> Hematology, 2009 Update (A5-J)                         | <input type="checkbox"/> Pulmonary Disease, 2009 Update (A9-J)        |
| <input type="checkbox"/> Hematology, 2010 Update (A5-K)                         | <input type="checkbox"/> Pulmonary Disease, 2010 Update (A9-K)        |
| <input type="checkbox"/> Hematology, 2011 Update (A5-L)                         | <input type="checkbox"/> Pulmonary Disease, 2011 Update (A9-L)        |
| <input type="checkbox"/> Hepatology, 2011 Update (93-L) *                       | <input type="checkbox"/> Rheumatology, 2009 Update (B0-J)             |
| <b>*Available August 2011</b>   | <input type="checkbox"/> Rheumatology, 2010 Update (B0-K)             |
| <input type="checkbox"/> Hospice and Palliative Medicine, 2011 Update (D3-L) *  | <input type="checkbox"/> Rheumatology, 2011 Update (B0-L)             |
| <b>*Available August 2011</b>   |   |