

Certificate Request

By using the form below, you may request a replacement certificate of attendance/credit for a specific UTHSCSA sponsored activity. If the information provided below does not match the information in our database, you will be contacted to verify the request.

For Certificate (please be as specific as possible)

Title of activity: _____

Date of activity: _____

Location of activity: _____

First Name: _____ Middle Name or Initial: _____

Last Name: _____ Degree: _____

Office Address: _____

Office City/State/Zip: _____

Office Phone: _____ Office Fax: _____

Home Address: _____

Home City/State/Zip: _____

Home Phone: _____ Primary e-mail: _____

Please send my certificate via (Please Circle): E-mail Fax

I certify I am the person or the authorized agent of the person listed above:

Signature: _____ Date: _____

Check Enclosed (Payable to UTHSCSA CME-127084)

Please charge my: Visa MasterCard Discover American Express

Card Holder Name _____

(Please Print) Signature _____

Card Number _____ Exp. Date _____/_____/_____

If you experience a problem, please contact our office at the email or number listed below.