AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
ACEP24 Scientific Assembly
September 29 – October 2, 2024
Las Vegas, NV

NURSES' CONTINUING EDUCATION VERIFICATION RECORD

Name (please print) _____ Reg ID # _____
Address_____
City _____ State _____ Zip_____
License # _____E-Mail Address: _____

Course #	Course Title	Contact Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify I have attended all the courses listed above and have earned a total of _____ contact hours for this conference.

Signature _____
Date_____

The Scientific Assembly has been designated a total of 19.5 contact hours.

To receive a certificate of credit for this meeting you MUST complete this verification record IN FULL and return it to the ACEP. Please e-mail the form back to gwestbrook@acep.org. Your certificate will be returned to you by e-mail.

The American College of Emergency Physicians designates this Live activity for a maximum of 19.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.