

Healthy Benefits CME
Statement of Intent for External CME Activities

(External CME are activities not sponsored by HealthPartners Institute for Medical Education)

I hereby affirm that I participated in the following CME activity* between October 1, 2009 and September 30, 2010:

CME Activity: _____

I found the following **presentation(s)** to be applicable to my personal health/well being:

Printed name: _____

Signature: _____

Date: _____

***Physicians:** please submit this form and provide a copy of the brochure or handout materials that include the program objectives and CME credit information, to Debbie Bladine or Jodie Weinhold, MS 21110Q.

***Dentists:** please submit this form and provide a copy of the brochure or handout materials that include the program objectives and CME credit information, to Angie Blackowiak, MS 21113A.

Thank you.