



KALEIDA HEALTH

Continuing Medical Education (CME)

Attestation Statement

This attestation is to certify I have obtained and/or attended the required number of continuing medical education hours necessary to membership on the Kaleida Health Medical and Dental Staff, as outlined in the Continuing Medical Education Requirements for Medical and Dental Staff Members policy (MED.2) and that the appropriate percentage of the CME hours relate to the clinical privileges I am requesting.

I agree and will be able to provide proof of attendance and program content upon request.

Name (Please Print)

Signature

Date

RETURN COMPLETED ATTESTATION TO:

Kaleida Health
Medical and Dental Staff Office
1028 Main Street, 3rd Floor
Buffalo, New York 14202