



THE SCHOOL OF SLEEP MEDICINE, INC.™

CME / CE / CEU Replacement Certificate Request

SSM course participants (or those who have completed audio CME) who require name corrections to certificates after the initial printing or who wish to replace lost or damaged certificates may do so using this request form. There is a \$50 processing fee for replacement certificates. Requests must be submitted either by fax to 650-326-1295 with credit card information, or by printing and mailing this completed form to the School of Sleep Medicine™, Inc. at the address below with the \$50 fee (payable by credit card, check, or money order only).

Please PRINT the information below EXACTLY as you wish it to appear on your certificate.

NAME: _____ **CREDENTIALS:** _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ E-mail: _____

Type of certificate needed (check one):

CME CE CEU BRN (License # _____)

Name of course attended:

- | | |
|--|--|
| <input type="checkbox"/> Advanced Course in Sleep Medicine, Part 1 | <input type="checkbox"/> Advanced Course in Sleep Medicine, Part 2 |
| <input type="checkbox"/> Advanced Course in Sleep Medicine | <input type="checkbox"/> Clinical Polysomnography & Sleep Medicine |
| <input type="checkbox"/> Annual Course in Pediatric Sleep Medicine | <input type="checkbox"/> Other _____ |

Dates of course attendance (approximation OK): _____

Additional notes or instructions: _____

I am enclosing a check or money order in the amount of \$50.
 I am faxing this form and wish to charge the \$50 fee to the following credit card:

Visa MasterCard Card # _____ Exp. Date _____

Name on card _____ Security code (on back of card) _____

Billing address (check if same as above): _____

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