



CNE Verification and Request

In order to be eligible for 0.91 contact hours, each participant must do the following:

- Complete, sign, and date the Application & Verification Statement (below)
- Complete the evaluation form for each session for which you are requesting contact hours and enclose with this Request
- Include payment of \$15 for each session for which you are requesting contact hours
 - Payment may be made either by check (payable to OPI) or by credit card

Account # _____ Expiration Date _____

___ MasterCard ___ Visa ___ Discover

Credit Card is: ___ personal ___ business

Cardholder's Name _____ Signature _____

Name and Address this credit card is billed to:

Name _____ Address _____

City _____ State _____ Zip _____

- Mail the evaluation form and check payment or credit card information **no later than October 16, 2009** to:

Ohio Pain Initiative – AudioConferences
555 Metro Place North, Suite 650
Dublin, OH 43017

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Application & Verification

Name (please print): _____

Mailing Address: _____

Day Phone: _____ **Email:** _____

*I verify that I participated in the entire 60 minutes of the audioconference(s)
for which I am submitting a CNE request.*

Signature

Date