

**Office of Continuing Medical Education**

**Request for Official Transcript or Duplicate Certificate of Attendance**

Use this form to order official UC Davis Continuing Medical Education transcript or certificate of attendance. Transcripts and certificates are free for UC Davis employees. Non UC Davis employees will be charged \$15 per request. You may receive up to 2 copies per request. \*Audit request: if any changes to transcript are needed, contact CME.

Please complete the following, print and send to UC Davis OCME, 4610 X Street, Suite 2301, Sacramento, CA 95817 or **Fax to (916) 734-0776**. Call (916) 734-5390 for more information. Please type or print clearly.

**\*Required fields (Allow 10 business days for a transcript request and 20 business days for a transcript audit)**

\* Today's Date: \_\_\_\_\_

\* Legal Name (Last, First, MI): \_\_\_\_\_

Other names previously used (Last, First, MI): \_\_\_\_\_

\* Last 4 digits of Social Security Number: \_\_\_\_\_

\* Daytime Phone: \_\_\_\_\_ Fax# \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Country, Zip: \_\_\_\_\_

\* E-mail: \_\_\_\_\_

\* Occupation:       MD       DO       PA       NP       RN       Other \_\_\_\_\_

\* Department: \_\_\_\_\_

\* Institution: \_\_\_\_\_

\* UC Davis Employee?      Yes      No

**Request for Official Transcript:**

\* Date Range for Transcript:      From \_\_\_\_\_ to \_\_\_\_\_

**Duplicate Certificate of Attendance:**

\* Name of Conference: \_\_\_\_\_

\* Date of Conference: \_\_\_\_\_

**Payment information:**

***Fax this page to (916) 734-0776 then call (916) 734-5390 with your credit card number. Thank you!***