

Participant Initiated Non-RID Activities Form (PINRA)



MassRID

Note to participant: This activity form must be submitted to the RID Approved Sponsor *before* commencement of the educational activity. A copy of the description of the activity and promotional materials should be attached.

1. Complete and sign this section.

Participant Name:
RID Member #:
Participant Address:
Email address:
Activity Name: IMIA Conference 2011 Boston – Medical Terminology Boot Camp
Activity Theme or Focus (attach brochure/flyer): Medical Terminology
Date and Times you will attend: September 30, 2011, from 9a – 5p
(For CMP Use Only) Maximum number of CEUs to be awarded: 0.800
(For CMP Use Only) Content area: <input checked="" type="checkbox"/> Professional Studies <input type="checkbox"/> General Studies

I certify that this activity/conference represents a valid and verifiable Continuing Education Experience that exceeds my routine employment responsibilities.

Participant Signature: _____ **Date:** _____

I certify that the IMIA Conference Coordinators provided the activity plan for this conference in advance, and I agree to sponsor this Continuing Education Experience.

RID Sponsor Signature: _____ **Date:** _____

2. Within **10 days** of completion of this activity, mail a copy of the certificate of attendance, along with a copy of this form to Nathan Fowler. If you are not a member of MassRID, please include a check for \$10 made out to MassRID. Send to:

Office of Disability Services
 Boston University
 19 Deerfield St, 2nd Floor
 Boston, MA 02215
 attn: Nathan Fowler, MassRID CMP

MassRID CMP SPONSOR ONLY:

Activity Number: 0081.0911.02. _____ CEUs Awarded: _____

I verify that the participant attended this activity/conference and that the activities listed are appropriate educational experiences, which should be awarded the number of CEUs denoted above.

RID Sponsor Signature: _____ **Date:** _____