

## Organization for Human Brain Mapping OHBM 2015 Continuing Medical Education Credits

This will certify that you attended the 21st Annual Meeting of the Organization for Human Brain Mapping held June 14-18, 2015 at the Hawaii Convention Center in Honolulu, Hawaii.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through sponsorship of the Organization for Human Brain Mapping. The OHBM is accredited by the ACCME to provide continuing medical education for physicians.

The OHBM designates this educational activity for a maximum of 29.50 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

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*Please Print Your Name Above*

<b>EDUCATIONAL COURSES</b>	
Anatomy and its impact on structural and functional imaging (Full Day)	7.00
Advanced fMRI Course Physics, physiology, models, & inference (Full Day)	7.00
Pattern Recognition for NeuroImaging (or PR4NI) (Full Day)	7.00
MR Diffusion Imaging: Getting Your Measures Right (Full Day)	7.00
Electromagnetical Neuroimaging and Multimodal Integration (Full Day)	7.00
The Art and Pitfalls of fMRI Preprocessing (Half Day)	3.50
Tools to parcellate the brain and its relation to function (Half Day)	3.50
Introduction to Imaging Genetics (Half Day)	3.50
Computational Neuroscience and Modelling of Neurodynamics (Half Day)	3.50
Neuroimaging Meta-Analysis (Half Day)	3.50
Reproducible Neuroimaging (Half Day)	3.50
<b>Maximum number of possible credits earned at Educational Courses</b>	<b>7.00</b>
<b>ANNUAL MEETING CREDITS</b>	
Talairach Lecture	0.75
Keynote Lectures	0.75 each
Morning Workshops	1.25 each
Oral Sessions	1.25 each
Symposia	1.25 each
LOC Symposia	1.25
Meeting Highlights	1.00
Town Hall Forum	0.50
<b>Total number of possible credits earned at Annual Meeting</b>	<b>22.50</b>
<b>TOTAL NUMBER OF POSSIBLE CREDITS</b>	<b>29.50</b>

Hours Actually Attended: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

**Please keep this certificate for your records  
You do not need to return this form to the OHBM Office**