

Physicians will receive a 10% premium credit that will be applied to the policy period in effect at the time the test is **scored**.

**For immediate registration, go to: [www.svmic.com](http://www.svmic.com)**

## 1 Choose a Self-Study Booklet 2 Payment Information

### OPTION 1

#### Risk Reduction in the Medical Office

- Course #9036

### OPTION 2

#### Working Effectively with Advanced Practice Providers

*Please select the state-specific course you prefer:*

- Course #9038-AL    #9038-MS
- #9038-AR    #9038-TN
- #9038-GA    #9038-VA
- #9038-KY

**FEE - \$75 per course**

**Email:** [askrm@svmic.com](mailto:askrm@svmic.com) | **Fax:** 615.846.1783

**Credit Card**

Print Cardholder's Name \_\_\_\_\_

Credit Card #

Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Email Receipt to \_\_\_\_\_

**Check - Mail to:**

SVMIC/Risk Education Seminars  
MSC 30400  
P.O. Box 415000  
Nashville, TN 37241-5000

## 3 Shipping Address (CME Certificates will be mailed to this address)

Group or Practice Name \_\_\_\_\_

Attention to \_\_\_\_\_

Street (No P.O. Boxes) \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## 4 Registration (These courses are available to SVMIC policyholders and their employees only)

Course #	Attendee Name	MD	DO	NP	PA	Other	License #	Last 4 SSN
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ATTENDEE'S INDIVIDUAL EMAIL:								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ATTENDEE'S INDIVIDUAL EMAIL:								
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ATTENDEE'S INDIVIDUAL EMAIL:								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ATTENDEE'S INDIVIDUAL EMAIL:								

**For any questions, please call: 1.800.342.2239**