

**SVMIC will not accept or process answer sheets for these courses after 12/31/2020.**

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

## 1 Choose a Self-Study Booklet

### OPTION 1 - Course #9046

Collaborating with Advanced Practice Providers: An Overview of State Rules

### OPTION 2 - Course #9047

Introduction to Telemedicine

### OPTION 3 - Course #9048

Navigating Electronic Media in a Healthcare Setting

### OPTION 4 - Course #9049

Risk Reduction Series: Documentation

## 2 Payment Information

Fee: \$75 per course

**Immediate Registration:** [www.svmic.com](http://www.svmic.com)

**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)

**\*\*\* This form may *only* be used to order books. All online courses must be purchased at [www.svmic.com](http://www.svmic.com).**

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

For any questions, please call: 1.800.342.2239