

CME TRANSCRIPT REQUEST FORM

THIS REQUEST FORM IS FOR TRANSCRIPTS PRIOR TO JULY 2016

All transcripts for CME data claimed after July 2016 can be found by logging into your account at the <u>CME website</u>. For instructions on how to get your transcript <u>click here</u>.

Instructions: Select whether requesting a transcript for a single person or multiple people. Follow the instructions found with your selection to create your submission. Please e-mail all submissions to cme@bsd.uchicago.edu and allow 3-5 business days for processing.

If you do not receive a response in that time frame, you may e-mail us inquiring about your request (please include the date in which you originally sent your submission).

\square Single Request: If you are requesting a single transcript simply fill in the fields below and submit your request.
☐ Multiple Requests: If you are requesting multiple transcripts you may attach a table (created in Word or Excel) with this form. The table must include the information being requested below for each person.
1. First Name:
2. Last name:
3. Degree(s):
4. Email:
5. Date range for transcript (mm/dd/yyyy):
Start: End:
6. Reason for Request: (check all that apply)
\square Credentialing
☐ Re-licensure
☐ Re-certification
☐ Institutional Compliance
Other