



CME CREDIT REQUEST FORM

Thank you for taking the continuing medical education (CME) courses provided by Molina Healthcare, Inc. Please fill out this form to obtain your CME certificate. Once completed, please fax this form and the completed post test to Molina Healthcare, Inc. Research and Innovation Department at fax number (562) 628-2402.

Date: _____

CME Course Taken: _____

Medical License Number _____

State of the license _____

☐ MD/DO ☐ NP/PA ☐ RN ☐ Medical Student/Resident

☐ Other _____

Name (*please print*): _____

Title _____

Organization: _____

Address (to mail certificate): _____

City, State, Zip _____

Telephone: _____

Fax: _____

Email (*please print*): _____

