

**A** **NAME AND ADDRESS (Please complete.)**

\_\_\_\_\_

Last Name    First Name    Middle Initial

\_\_\_\_\_

Address

\_\_\_\_\_

Address cont.

\_\_\_\_\_

City    State    ZIP Code

\_\_\_\_\_

Country

\_\_\_\_\_

Email address \_\_\_\_\_



**Medical  
Knowledge  
Self-Assessment  
Program® 18**

**TO EARN CME Credits and/or MOC Points YOU MUST:**

1. Answer all questions.
2. Score a minimum of 50% correct.

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**TO EARN FREE INSTANTANEOUS CME Credits and/or MOC Points ONLINE:**

1. Answer all of your questions.
2. Go to **mksap.acponline.org** and enter your ACP Online username and password to access an online answer sheet.
3. Enter your answers.
4. You can also enter your answers directly at **mksap.acponline.org** without first using this answer sheet.

**To Submit Your Answer Sheet by Mail or FAX for a \$20 Administrative Fee per Answer Sheet:**

1. Answer all of your questions and calculate your score.
2. Complete boxes A-H.
3. Complete payment information.
4. Send the answer sheet and payment information to ACP, using the FAX number/address listed below.

**B** **Order Number**

(Use the 10-digit Order Number on your MKSAP materials packing slip.)

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**C** **ACP ID Number**

(Refer to packing slip in your MKSAP materials for your 8-digit ACP ID Number.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**D** **Required Submission Information if Applying for MOC**

Birth Month and Day          ABIM Candidate Number

    M M    D D

**COMPLETE FORM BELOW ONLY IF YOU SUBMIT BY MAIL OR FAX**

Last Name \_\_\_\_\_ | First Name \_\_\_\_\_ | MI \_\_\_\_\_

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**Payment Information. Must remit in US funds, drawn on a US bank.**

**The processing fee for each paper answer sheet is \$20.**

Check, made payable to ACP, enclosed

Charge to

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_      Security code (3 or 4 digit #s) \_\_\_\_\_

    MM    YY

Signature \_\_\_\_\_

**Fax to:** 215-351-2799

**Mail to:**  
Member and Customer Service  
American College of Physicians  
190 N. Independence Mall West  
Philadelphia, PA 19106-1572

<b>E</b>	<b>TEST TYPE</b>	Maximum Number of CME Credits
<input type="checkbox"/>	Cardiovascular Medicine	30
<input type="checkbox"/>	Dermatology	16
<input type="checkbox"/>	Gastroenterology and Hepatology	22
<input type="checkbox"/>	Hematology and Oncology	33
<input type="checkbox"/>	Neurology	22
<input type="checkbox"/>	Rheumatology	22
<input type="checkbox"/>	Endocrinology and Metabolism	19
<input type="checkbox"/>	General Internal Medicine	36
<input type="checkbox"/>	Infectious Disease	25
<input type="checkbox"/>	Nephrology	25
<input type="checkbox"/>	Pulmonary and Critical Care Medicine	25

<b>F</b>					
<b>CREDITS OR POINTS CLAIMED ON SECTION</b>					
<b>1 hour = 1 credit or 1 point</b>					
Enter the number of credits earned on the test to the nearest quarter hour. Physicians should claim only the credit commensurate with the extent of their participation in the activity.	<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>				

<b>G</b>
<b>Enter your score here.</b>
Instructions for calculating your own score are found in front of the self-assessment test in each book. You must receive a minimum score of 50% correct.
_____ %
Credit Submission Date: _____

<b>H</b>
<input type="checkbox"/> I want to submit for CME credits
<input type="checkbox"/> I want to submit for CME credits and MOC points.

- |  |  |   |   |
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| 45 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 90 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 135 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | 180 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E |