

CE TRANSCRIPT REQUEST FORM

Continuing education transcripts are available upon written request for individuals who have attended approved CE activities and for which CSC has official record of such attendance.

To obtain a transcript:

1. Submit this completed form to the IHS Clinical Support Center:
Mail: IHS Clinical Support Center
40 N. Central Avenue, Ste. 780
Phoenix, AZ 85004
Fax: 602-364-7788
Email: IHSCSC@ihs.gov
2. Provide details on the time period you want your transcript to cover (e.g., January 2006 to March 2007 or August 1-2, 2007).
3. The following information must be provided in order for us to process your request (*Required Fields).

PLEASE TYPE (or PRINT LEGIBLY)

Name & Credentials:*

Last Four SS Digits:*

Phone Number:*

Transcript Date(s):*

Calendar Year (January 1 to December 31): _____

Specific Time Period From: _____ To: _____

I would like my transcript sent to:

this mailing address: _____

my email address: _____

the following fax no: _____

Signature: _____

Comments: _____

Please note that CE Coordinators have up to 45 days from an activity's end date to submit participant information. Once received, processing can take up to 4 weeks, sometimes longer due to heavy volume at certain times of the year. As a result, recent information may not be immediately reflected on your transcript.

For CSC Office Use Only	
Processed By:	Date Sent: