

# Medical Examiner Investigator Certificate of Participation

This certifies that

\_\_\_\_\_  
Name of participant

Has participated in the educational activity entitled

**Iowa Association of County Medical Examiners  
Fall Meeting and Education Expo  
Friday-Saturday, November 1-2, 2019**



"This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Iowa Medical Society (IMS) through joint providership of UnityPoint Health – Des Moines and the Iowa Association of County Medical Examiners. UnityPoint Health – Des Moines is accredited by IMS to provide continuing medical education for physicians."

"UnityPoint Health - Des Moines designates this live activity for a maximum 13.25 *AMA PRA Category 1 Credits*.<sup>TM</sup> Physicians should claim only the credit commensurate with the extent of their participation in the activity."

The American Board of Medical Death Investigators (ABMDI) recognizes AMA PRA Category 1 Credit and approves this program for credit. Death investigators seeking continuing education credit from ABMDI must submit their certificate of attendance directly to ABMDI. Death investigator attendees should claim only those hours of continuing education that they spent in the educational activity.

**ABMDI Accreditation Number: 19-104**

A handwritten signature in black ink that reads 'Dennis Klein MD'. The signature is written in a cursive style and is positioned above a horizontal line.

Dennis Klein, MD  
IACME Program Chair

## Courses and hours

### Friday, November 1

ME-101	3.00 hours
Primer on State Archeology	1.00 hour
Investigating Fire Fatalities	1.00 hour
Trauma Documentation	.50 hour
Pathology of Mass Disasters	1.50 hours
Crime Scene Investigation	1.00 hour
Drew Peterson Case	1.25 hours

### Saturday, November 2

Pediatric Asphyxial Deaths	1.00 hour
Scene Photography	1.00 hour
IOSME Update	1.00 hour
Iowa Case Studies	1.00 hour
<b>TOTAL</b>	<b>13.25 hours</b>

I participated in \_\_\_\_\_ credit hours of this continuing education activity.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_