

SAMPLE

Maine Osteopathic Association <Sponsoring Organization <Program Title & Date> CME Reporting Form

- 1) Indicate attendance by completing the bottom section of this form.
- 2) Use **only** this form to report hours attended (Credit hours are awarded on an hour for hour basis.)
- 3) Total the number of hours for the program attended and enter the number into the designated space below.
(IMPORTANT THAT YOU ENTER THIS INFORMATION)
- 4) Sign and date the form.
- 5) Deposit this form with the evaluation form at the registration desk.
- 6) A copy of this form will serve as your proof of attendance.

This activity is approved for up to <<#>> Category << >> AOA, <

<<Date>>

- Title: *Speaker* (Hours or parts of hours, i.e. .50 hr for 30 min presentation)
- Title: *Speaker*
- Title: *Speaker*
- Title: *Speaker*
- Title: *Speaker*
- Title: *Speaker*

<<Date>> (if multiple day activity)

- Title: *Speaker* (Hours or parts of hours, i.e. .50 hr for 30 min presentation)
- Title: *Speaker*
- Title: *Speaker*
- Title: *Speaker*
- Title: *Speaker*

Please print all information:

Last Name: _____ First Name: _____ MI _____ Credential _____

DO's only: AOA # _____

I attended _____ hours of approved presentations for an equal number of CME/contact hours
This offering has been approved for a maximum total of << # >> credits. You should only indicate the number of hours you actually attended.

I certify to the best of my knowledge that the above information is correct:

Signature: _____ Date: _____

(This form must be completed, signed, and submitted in order to qualify for credit)
The osteopathic credits will be submitted to the AOA by the MOA.