



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

Division of Continuing Medical Education  
**Individual Certification Form**

This form is for reporting CME activities participated in during the **2016-2018 CME Cycle**  
*Include a copy of the Certificate(s) of Attendance and/or CME Transcripts to verify participation*

Physician's Name: \_\_\_\_\_

AOA Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

**FAX OR EMAIL THIS FORM AND CERTIFICATES/TRANSCRIPTS TO:**

American Osteopathic Association  
Department of Client and Member Services  
142 E. Ontario St.  
Chicago, IL 60611  
Fax: (312) 202-8202  
Email: [crc@osteopathic.org](mailto:crc@osteopathic.org)

**PLEASE CONTACT THE DEPARTMENT OF CLIENT AND MEMBER SERVICES FOR QUESTIONS:**  
(800) 621-1773, Option 1

**ADDITIONAL INFORMATION:**

1. Please keep the original certificates/transcripts for your personal records
2. This form may be used to report AMA/AAFP CME activities not reported by AOA Category 1 CME Sponsors
3. **DO NOT** use this form to submit credits earned from Osteopathic organizations
4. Documentation must accompany all submissions of CME credit

***Osteopathic CME credits are submitted to the AOA's Department of Client and Member Services by the CME provider. These credits should not be self-reported.***