

# American Osteopathic Association

## Customer Resource Center

Phone: (888) 62 MY AOA • Fax: (312) 202-8202

Email: [crc@osteopathic.org](mailto:crc@osteopathic.org)

### FORMAL REQUEST FOR AOA CATEGORY 1-B CREDIT FOR NON-OSTEOPATHIC PROGRAMS

**\* Do not use this form to claim CME credit; doing so will delay processing of your credit.\***

The AOA awards AOA Category 2A for all ACCME accredited provider *AMA PRA Category 1 Credit*<sup>TM</sup> and AAFP CME programs. No form is needed to claim credit for those CME Courses. To report Non-Osteopathic CME credit, send your CME certificates to the AOA Customer Resource Center by email: [crc@osteopathic.org](mailto:crc@osteopathic.org) or fax: (312) 202-8202. \*

**Osteopathic Physicians may use this form to request conversion of Non-Osteopathic CME credit to AOA Category 1-B CME credit for allopathic sponsored programs that would normally be granted AOA Category 2-A CME credit.**

The AOA policy on CME states that the Council on Continuing Medical Education may recognize allopathically sponsored specialty or subspecialty programs for Category 1-B credit, when in the Council's opinion, there is essentially no equivalent course material available from within the osteopathic profession, and that such recognition will apply only to physicians in said specialty or subspecialty.

**Home Study Courses Are Not Applicable.**

#### To request AOA Category 1-B credit:

1. Complete this form and submit it to the AOA Customer Resource Center for review the following attachments:
2. Copy of the printed program; either electronic or hardcopy
3. Verification of attendance (CME Certificate), CME accreditation statement for *AMA PRA Category 1 Credit*<sup>TM</sup> or approved by the American Academy of Family Physicians (AAFP) must appear on the certificate. .

**Fees:** DO Members of the AOA: As a member benefit, there is no charge for this service.  
DO Non-Members of the AOA: \$25 application fee and \$10 processing fee for each program

Payment method: Checks: Payable to the American Osteopathic Association  
Credit Card: Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

#### To be completed by individual requesting credit:

AOA Number: \_\_\_\_\_ Name (Please print or type): \_\_\_\_\_

Address City, State and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of program: \_\_\_\_\_

Date of program: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

#### Please answer the following questions regarding the request for AOA Category 1-B credit:

1. Was this program accredited with *AMA PRA Category 1 Credit*<sup>TM</sup> or approved by the AAFP? Yes \_\_\_ No \_\_\_
2. Number of credits attended \_\_\_\_\_

**A COPY OF THE PROGRAM MUST BE ATTACHED WITH THE REQUEST** - In the event submitted documentation is found insufficient to make a decision, additional information may be requested.

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_\_