



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

Division of Continuing Medical Education

142 E. Ontario St.

Chicago, Illinois 60611

Phone: (312) 202-8262 • Fax: (312) 202-8202 • Email: cme@osteopathic.org

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

This form is for requesting 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: Complete this form and submit it to the AOA Division of CME with a copy of the printed program for review by the AOA Council on Continuing Medical Education, verification of attendance, and verification that the CME program is *AMA PRA Category 1 Credit*TM or approved by the American Academy of Family Physicians (AAFP).

Members of the AOA: As a member benefit there is no charge for this service.

Non-Members of the AOA: Include a \$25 application fee with each request and a \$10 processing fee for each program submitted for approval. Make checks payable to: AOA Division of Continuing Medical Education (CME).

In the event submitted documentation is found insufficient to make a decision, additional information may be requested.

Individual requesting credit: _____
Name (Please print or type) _____ AOA Number _____
Address _____
City, State and Zip _____

Name of program: _____

Date of program: _____

Name of sponsoring organization: _____

(A COPY OF THE PROGRAM MUST BE ATTACHED WITH THE REQUEST)

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*TM or approved by the AAFP? Yes ____ No ____
2. Number of credits attended _____.
3. Comments

Signature of requestor: _____ Date: _____

Name of Specialty Affiliate: _____