



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

Division of Continuing Medical Education

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FORMAL REQUEST FOR AOA CATEGORY 1-A CME CREDIT

FOR OSTEOPATHIC SPECIALISTS/SUBSPECIALISTS WITH LESS THAN 300 CERTIFICATE HOLDERS

This form is for requesting AOA Category 1-A credit for allopathic CME programs that would typically be granted AOA Category 2-A credit. In July 2008, the AOA Board of Trustees approved a resolution to assist specialists and subspecialists obtain AOA Category 1-A credit. The AOA encourages its Category 1 CME Sponsors to explore and implement on-line, interactive Category 1-A CME programs, and to develop other innovative approaches for delivering relevant, high quality Category 1-A CME for specialty/subspecialty certificate holders. **Home Study Courses are Not Applicable.**

In recognition that members of the AOA, who hold specialty or subspecialty certificates in those specialties with less than 300 certificate holders, may have difficulty accruing the necessary AOA 1-A credits required for membership, such members may apply *AMA PRA Category 1 Credit*™ or Prescribed Credit from the American Academy of Family Physicians (AAFP) to their AOA 1-A credit requirement up to the maximum of 15 CME credits per cycle, to meet the Category 1-A credit requirement for membership. To qualify for AOA Category 1-A CME credit under this policy the following criteria must be met:

1. Osteopathic physicians must be a member of the AOA
2. Physicians' must be AOA and/or ABMS certified
3. The specialty/subspecialty must be listed as a qualifying specialty

Lists of specialties and subspecialties with less than 300 certified members are available on the Website at www.osteopathic.org. This policy does not apply to Certificate of Added Qualification (CAQ's) or ABMS subspecialties equivalent to the AOA CAQ. The specialty/subspecialty list is provided at the beginning of each 3-year cycle. It will not be changed until the next CME cycle.

There is no charge for this service. In the event that insufficient material to make a decision is not received, additional information may be requested.

Individual requesting credit:

Name (Please print or type)

AOA Number

Address

City, State and Zip

Name of program (Certificate of attendance): _____

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

Signature of requestor: _____

Date: _____

Specialty/Subspecialty: _____