



AMERICAN OSTEOPATHIC ASSOCIATION

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## POST-APPROVAL OF SPECIALTY CME CREDIT FOR AOA DIPLOMATES

**Name:** [Click here to enter text.](#) **AOA ID:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

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	Please complete a separate form for each activity to be considered for specialty credit.
<b>What Type of Activity?</b>	<a href="#">Click here to enter text.</a>
<b>Event or Activity</b>	<a href="#">Click here to enter text.</a>
<b>Name and Location</b>	<a href="#">Click here to enter text.</a>
<b>Session Title (if applicable)</b>	<a href="#">Click here to enter text.</a>
<b>Date and Time of Activity</b>	<a href="#">Click here to enter text.</a>
<b>If Applicable, Presenter (Include Credentials)</b>	<a href="#">Click here to enter text.</a>
<b>Total number of specialty credits requested</b>	<a href="#">Click here to enter text.</a>
<b>Specialty or Specialties for which specialty credit is being requested</b>	<a href="#">Click here to enter text.</a>
<b>Briefly describe how this activity applies to your specialty practice (brief 2-3 sentences)</b>	<a href="#">Click here to enter text.</a>

**Instructions:** Submit this form, verification of attendance, a copy of the program and any other supporting documents by email to [crc@osteopathic.org](mailto:crc@osteopathic.org).

The request will be forwarded on your behalf to the specialty certifying board for approval.

**Questions?** Contact the AOA Customer Resource Center by Phone: (888) 62 MY AOA or (888) 626-9262, option 1, or by email at [crc@osteopathic.org](mailto:crc@osteopathic.org).