AMERICAN **OSTEOPATHIC** ASSOCIATION

COMMITTEE AND HOSPITAL STAFF WORK CME FORM

For Healthcare Committee and Departmental Meetings which evaluate patient care

A maximum of 5 credits can be earned in this category per 3-year AOA CME cycle.

Name _____ **AOA Number** _____

Healthcare Facility _____ **City/State/ZIP** _____

Calendar Year: _____

Each Box = 1 Hour

In the boxes below, please indicate the date(s) of attendance.

Critical Care Committee												
Morbidity and Mortality												
Patient Safety												
Pharmacy and Therapeutics												
Tumor Board												
Utilization Review												

OTHER IN-HOSPITAL CME ACTIVITIES:

Total Credits: _____

Submit Form to:

Email: crc@osteopathic.org

Fax: (312) 202-8202

Mail: AOA Department of Client and Member Services, 142 E. Ontario St., Chicago, IL 60611

_____

Signature of Hospital CME Administrator/Official or CME Program Director

_____

Title

_____

Phone