**Arizona Board of Osteopathic Examiners In Medicine and Surgery**
1740 W. Adams Street Suite 2410 Phoenix, Arizona, 85007
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# CME AUDIT REPORTING FORM

**IF YOUR LICENSE NUMBER WAS RANDOMLY SELECTED FOR CME AUDIT OR YOU ARE REQUESTING AN EXTENSION, YOU MUST REPORT YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES SINCE YOUR LAST RENEWAL**

In order to maintain a license to practice osteopathic medicine in the State of Arizona, you are required to complete forty (40) hours of CME during the two calendar years preceding this renewal, meaning this year and last year (A.R.S. § 32-1825(B)). Twenty-four (24) of the forty (40) hours must be AOA Category 1-A. The remaining balance of sixteen (16) CME may be any category including AMA Category 1, 3 of which must pertain to Opioid per statute A.R.S. §32-3248.02.

**1. Please complete the bottom portion of this form** to identify the CME courses you completed for the **2020/2021** cycle. If you earned more than forty (40) hours, you do not have to report the extra hours.

**2. Attach documentation of CME:** Accepted documentation -- your AOA CME Activity Report, your certifying board's CME activity report, and copies of Certificates of Completion for CME not otherwise accounted for on the CME Activity reports. CMEs obtained prior to this renewal cycle will not be accepted.

Physician Name (Please print) _____ License #_____

**RECORD OF CME ACTIVITY**

| Dates M/D/YY | Name of CME Course/Activity | # of Hours | Category |
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*I attest that the above is a true and correct representation of the Continuing Medical Education that I completed since my last renewal of licensure.*

Physician Signature_____ Date_____