



# ARIZONA MEDICAL BOARD

## CONTINUED MEDICAL EDUCATION (CME) AUDIT FORM

*If your license number was selected for CME audit, please complete this form and submit it with your renewal application.*

First Name: 
 Initial: 
 Last Name:   
 License Number:

In order to maintain a medical license in the State of Arizona, per Arizona Administrative Code (A.A.C.) R4-16-102, licensees are required to complete at least forty (40) hours of CME in the two calendar years preceding this registration.

Please refer to A.R.S. § 32-1434, [A.R.S. § 32-3248.02](#) and A.A.C. R4-16-102 to identify statutorily approved CME activities. Statutes and rules are available on our web site [www.azmd.gov](http://www.azmd.gov).

Please attach this form to your proof of CME. (Use two pages if necessary)

**Renewal is considered incomplete until all continued medical education documentation has been reviewed by the Board.**  
 (Examples of Proof: copy of the certificate received; front page of the journal article read; title page and first page of text for a book)

Date(s)	Type of CME Activity (Journals, Books, Articles, Certificates, etc.)	Earned Credit Hours

*My signature below, attests that the above is a true and correct representation of the CME completed during the two years preceding this registration and that proof of CME is attached.*

Signature: 
Date:

**THIS FORM MUST BE RETURNED WITH YOUR RENEWAL APPLICATION**