



AMERICAN OSTEOPATHIC ASSOCIATION

Department of Membership

## Individual Certification Form

This form is for reporting CME activities participated in during the 2025-2027 CME Cycle.

Submit this form and certificates/transcripts by email: [cme@osteopathic.org](mailto:cme@osteopathic.org). Include a copy of the Certificate (s) of Attendance and/or CME Transcripts to verify participation.

Name (required) \_\_\_\_\_

AOA Number (required): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### ADDITIONAL INFORMATION:

1. Please keep the original certificates/transcripts for your personal records.
2. This form may be used when claiming CME credit for AMA/AAFP CME activities.
3. **Do not use this form to submit AOA Category 1 CME activity.** Credits earned from osteopathic organizations will be reported by the sponsor and will not be processed by AOA staff.
4. Only submit this form **once** with each collection of documents. You do not need to complete a separate form for additional activities.

**Questions? Contact the AOA Member Resource Center**

**Monday through Friday, 8:30 AM to 4:30 PM, Central Time**

**at (312) 202-8000**