



AMERICAN OSTEOPATHIC ASSOCIATION

Member Resource Center

This form may be submitted **online** at [Manage CME Credit](#) or by **email**: memberservice@osteopathic.org
Questions? Contact us at 312.202.8000

FORMAL REQUEST FOR AOA CATEGORY 1-B CREDIT FOR NON-OSTEOPATHIC PROGRAMS

AOA Category 2 CME Activity

The AOA awards AOA Category 2A for all ACCME accredited provider AMA PRA Category 1 Credit™ and AAFP CME programs. No form is needed to claim credit for those CME Courses.

To report Non-Osteopathic CME credit, submit and certificates/transcripts by email: memberservice@osteopathic.org. Include a copy of the Certificate (s) of Attendance and/or CME Transcripts to verify participation.

Converting to AOA Category 1B

Osteopathic Physicians may use this form to request conversion of Non-Osteopathic CME credit to AOA Category 1-B CME credit for allopathic sponsored programs that would normally be granted AOA Category 2-A CME credit. **Home Study Courses Are Not Applicable.**

The AOA policy on CME states that the Council on Continuing Medical Education may recognize allopathically sponsored specialty or subspecialty programs for Category 1-B credit, when in the Council's opinion, there is essentially no equivalent course material available from within the osteopathic profession, and that such recognition will apply only to physicians in said specialty or subspecialty.

To request AOA Category 1-B credit:

1. Complete this form and submit it to the AOA Customer Resource Center for review the following attachments:
2. Copy of the printed program; either electronic or hardcopy
3. Verification of attendance (CME Certificate), CME accreditation statement for AMA PRA Category 1 Credit™ or approved by the American Academy of Family Physicians (AAFP) must appear on the certificate.

Fees: DO Members of the AOA: As a member benefit, there is no charge for this service.
 DO Non-Members of the AOA: \$25 application fee and \$10 processing fee for each program
 Payment method: Checks: Payable to the American Osteopathic Association
 Credit Card: Card No. _____
 Expiration Date: _____ CCV: _____

To be completed by individual requesting credit:

AOA Number: _____ Name (Please print or type): _____

Address City, State and Zip: _____

Email Address: _____ Telephone Number: _____

Name of program: _____

Date of program: _____

Name of sponsoring organization: _____

Please answer the following questions regarding the request for AOA Category 1-B credit:

1. Was this program accredited with AMA PRA Category 1 Credit™ or approved by the AAFP? Yes ___ No ___
2. Number of credits attended _____

A COPY OF THE PROGRAM MUST BE ATTACHED WITH THE REQUEST - In the event submitted documentation is found insufficient to make a decision, additional information may be requested.

Signature of requestor: _____ Date: _____