



AMERICAN OSTEOPATHIC ASSOCIATION

Department of Client and Member Services

Individual Certification Form

This form is for reporting CME activities participated in during the 2019-2021 CME Cycle.

Submit this form and certificates/transcripts by email: memberservice@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, 7:30 AM to 5:00 PM, Central

Toll Free: (888) 626 MY AOA.