

**American Osteopathic Association  
Department of Client and Member Services**

**CME Program Recording Fee Calculation Form**

**ATTACH A COPY OF THE CME PROGRAM AND PARTICIPANT ROSTERS**

Title of program: \_\_\_\_\_

Date of program: \_\_\_\_\_

Location: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_

Number of Credits Reported \_\_\_\_\_ x \$ .10 = \$ \_\_\_\_\_

Add \$25.00 Program Fee \$ 25.00

Total Amount Paid \$ \_\_\_\_\_

Check by Mail:          Please make checks payable to: American Osteopathic Association

Credit Card by Mail:     Card Type:    MasterCard       Visa  
    American Express    Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form with a copy of final program agenda and roster of attendance to:

**By email to [cmesponsors@osteopathic.org](mailto:cmesponsors@osteopathic.org)**

-or-

**By mail to:  
American Osteopathic Association  
Attention: Department of Client and Member Services  
142 East Ontario St  
Chicago, IL 60611-2864**