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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**.  
*Include a copy of the Certificate (s) of Attendance and/or CME Transcripts to verify participation.*

**Name:** \_\_\_\_\_

**AOA Number:** \_\_\_\_\_

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

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

**Address:** \_\_\_\_\_

**Submit this form and certificates/transcripts to:**

American Osteopathic Association  
Department of Client and Member Services  
Fax: (312) 202-8202  
Email: [crc@osteopathic.org](mailto:crc@osteopathic.org)

**Please contact the Department of Client and Member Services for questions:**  
(888) 62-MYAOA

ADDITIONAL INFORMATION:

1. Please keep the original certificates/transcripts for your personal records.
2. This form may be used to report AMA/AAFP CME activities not reported by AOA Category 1 CME Sponsors.
3. Do not use this form to submit credits earned from osteopathic organizations. Osteopathic CME credits are submitted to the AOA's Department of Client and Member Services by the CME provider. These credits should not be self-reported.
4. Documentation must accompany all submissions of CME credit.