

COLLEGE OF OSTEOPATHIC MEDICINE CME REPORTING FORM

For credits to be issued, this form must be completed semi-annually

Reporting Year: _____ Date: _____

Name: _____
(Physician Last Name) (First Name) (Middle Initial) (Degree)

Office Name: _____

Office Address: _____

Telephone: _____ Fax Number: _____

AOA/AMA Number: _____

Teaching Location: CLASSROOM OFFICE HOSPITAL CLINIC LABORATORY
Teaching Methods: LECTURING SMALL GROUP PRECEPTORING

TEACHING STATUS

- Course Lecturer
- Clinic/Hospital Trainer
- Office-based Preceptor

LEVELS OF TEACHING

- First and Second Year Students
- Third and Fourth Year Students
- Interns
- Residents

Hours of Teaching:

January - June: _____

July - December: _____

of Students: _____

of Students: _____

Physician's Signature _____

Specialty _____

For osteopathic physicians a maximum of 60 hours of AOA category 1-B for preceptoring may be applied to the 120-hour requirement. Faculty from other professions please refer to your professional organizations.

(This portion is to be completed by NSU Department Chair/Division/Director)

Approved by: _____

Date: _____

Return completed form to:
Nova Southeastern University
College of Osteopathic Medicine
Office of Faculty Credentials
3200 S. University Drive, Ft. Lauderdale, FL 33328
ATTN: Annette Clarke