

**American Osteopathic Association
142 East Ontario Street
Chicago, Illinois 60611**

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

This form is to be used for requesting Category 1-B AOA CME credit for allopathic sponsored CME programs that would normally be granted 2-A AOA CME credit. 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, please complete this form and submit to the AOA Division of Continuing Medical Education along with a copy of the printed program for review by the AOA Council on Continuing Medical Education, documentation verifying attendance, and verification that the CME provider/sponsor is ACCME accredited or documentation indicating that the program has been approved by the AAFP.**

Members of the AOA – As a member benefit there is no charge for this service.

Non-members of the AOA – There is an application fee of \$25.00, which must accompany each request plus a \$10.00 processing fee for each program requested to be approved. Please make check payable to the AOA in care of the Division of Continuing Medical Education (CME).

In the event that insufficient material to make a determination is not received, additional information may be requested.

Individual requesting credit: _____
Name & AOA Number (Please print or type)

Address

City, State and Zip

Name of program: _____

Date of program: _____

Name of sponsoring organization: _____

(A COPY OF THE PROGRAM MUST BE ATTACHED WITH THE REQUEST)

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

1. Was this program ACCME accredited or approved by the AAFP? Yes____ No____

2. Number of hours attended _____.

3. Comments

Signature of requestor: _____ Date _____

Name of Specialty Affiliate: _____