

SAMPLE TEMPLATE
(We can prepare this once we receive a full agenda)

University of New England College of Osteopathic Medicine
Department of Continuing Medical Education

<Name of Activity>

<Date(s)>
<Location>

CME/CE Credit Reporting Form

Instructions:

- 1) *Check off all sessions you attended.*
- 2) *Use **only** this form to report hours you attended. (Credit hours are awarded on an hour for hour basis.)*
- 3) *Total the number of hours you attended and enter the number into the designated space. **(IT IS IMPORTANT THAT YOU ENTER THIS INFORMATION)***
- 4) *Complete the information requested at the bottom of the form, then sign and date it.*
- 5) *Submit this form to the conference staff before leaving.*

<Day & Date>

<Presentation title (# hr)>
<Speaker name and credentials>

<Presentation title (# hr)>
<Speaker name and credentials>

<Day & Date>

<Presentation title (# hr)>
<Speaker name and credentials>

<Presentation title (# hr)>
<Speaker name and credentials>

Please PRINT all information except the signature:

Last Name: _____ First Name: _____ MI _____ Credential _____

Address: _____ City: _____ State: _____ Zip _____

Email address: _____

