



CONTINUING MEDICAL EDUCATION LOG

Physician Requirement: 50 credits per renewal period must be earned in Category 1. Proof of CME documentation should be uploaded per the instructions on your audit notification. NOTE: This form can be used and duplicated as necessary to log additional Category 2 credits.

Full Name: _____
Last First Middle Suffix (Jr., II)

Current Address: _____
Number/Street City State Zip Code

Email: _____ License Type: _____

I certify the following to be true and correct:

Signature Date

| Name of Sponsor | Location (City & State) | Course Description | Date(s) | Credit Hours Claimed | Category 1? Mark Y for Yes and attach supporting documentation |
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