

STATEMENT OF CONTINUING MEDICAL EDUCATION

Please submit documentation of your continuing medical education hours for the past two years.

The following options are offered:

- 1) List the courses taken, location, date and the number of CME hours obtained. If necessary, attach additional page(s).
- 2) Forward a copy of your own listing. Copies of certificates may be submitted, but are not required.
- 3) Or, you may skip step 1 and 2, and simply sign the statement below.**

| COURSE TAKEN | LOCATION | DATE | NUMBER OF CME HOURS |
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**I hereby certify within the past two years, I have completed at least the number of CME hours required by my State Medical Board (for non-physicians the number of hours required by their profession). If audited, I will be able to provide documentation of the seminars or courses attended. I recognize that failure to produce documentation upon request may jeopardize my membership on the Medical or Allied Health Staff.

Date

Signature