

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

Council on CME Form for Requesting a Waiver/Reduction of CME

| | |
|---------------------|------------------|
| (Name) | AOA #: _____ |
| (Address) | Age: _____ |
| (City, State & Zip) | Specialty: _____ |

Definitions:

Reduction – the act of decreasing a physician’s CME requirement based on individual mitigating circumstances.

Waiver – the act of modifying a physician’s CME requirement due to mitigating circumstances. Waivers granted do not affect CME requirement for state licensing boards, specialty colleges, or other organizations.

I ‘m requesting a waiver or reduction of my CME requirement. Please check one or the other:

- Waiver
- Reduction

Reason for request: *Please check one or the other and describe your situation.

- Medical Disability*
- Financial Hardship*
- Extenuating Circumstances (please describe)*
- Other*

Total number of hours worked/practicing per week: _____

Please describe your situation, which have led you to request the waiver/reduction by the Council on Continuing Medical Education. If your situation is medical please attached documentation to verify. (Please return with remittance to the address below.)

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142 East Ontario Street
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C/O Delores J. Rodgers, CME