

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

FORMAL REQUEST FOR AOA CATEGORY 1-A CME CREDIT FOR OSTEOPATHIC  
SPECIALISTS/SUBSPECIALISTS

This form is to be used for requesting Category 1-A AOA CME credit for allopathic CME programs that would be normally be granted 2-A AOA CME credit. The AOA Board of Trustees approved at its recent July 2008 meeting a resolution to assist specialists/subspecialists to obtain AOA Category 1-A credit. The AOA encourages its Category 1 CME Sponsors to explore and implement on-line, interactive AOA Category 1-A CME programs as well as to develop other innovative approaches to deliver relevant, high quality AOA Category 1-A CME for subspecialty certificate holders. **The AOA approved those Category 1 CME Sponsors having recognized specialty and/or subspecialty certificate holders numbering less than 250 members the ability to satisfy a portion of their AOA Category 1-A CME requirement using ACCME Category 1 credits. This policy will sunset in 2016 as listed in the table below. Attached is the listing of "AOA Certificate and Current Member Status" and "ABMS Certificate and Current Members Status" that will be used for the 2007-2009 CME cycle. Each current 3-year CME cycle the listing will be reevaluated and published.**

CME Cycle	ACCME Category 1 Credits	AOA Category 1-A Credits	Total Credits
2007 – 2009	20 credits	10 credits	30 credits
2010 – 2012	15 credits	15 credits	30 credits
2013 – 2015	10 credits	20 credits	30 credits
2016 –N/A	0 credits	30 credits	30 credits

There is no charge for this service. In the event that insufficient material to make a decision is not received, additional information may be requested.

Individual requesting credit: \_\_\_\_\_  
Name and AOA Number (Please print or type)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State and Zip

Name of program (Certificate of attendance): \_\_\_\_\_

Date of program: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

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

Please answer the following questions regarding the request for AOA Category 1-A 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: \_\_\_\_\_

Specialty/Subspecialty \_\_\_\_\_

CCME/Spec/Subspec/2008