



ARIZONA MEDICAL BOARD

CONTINUED MEDICAL EDUCATION (CME) AUDIT FORM

If your license number was selected for CME audit, as indicated on your renewal notice letter, please complete this form and submit it with your renewal application.

First Name:
 Initial:
 Last Name:
 License Number:

In order to maintain a medical license in the State of Arizona, per Arizona Administrative Code (A.A.C.) R4-16-101, licensees are required to complete at *least* forty (40) hours of CME in the two calendar years preceding this registration.

Please refer to A.A.C. R4-16-102 to identify statutorily approved CME activities. Statutes and rules are available on our web site www.azmd.gov.

PLEASE attach this form to your proof of CME. (Use two pages if necessary)

Renewal is considered **incomplete** until all continued medical education documentation has been reviewed by the Board. (*Examples of Proof:* copy of the certificate received; front page of the journal article read; title page and first page of text for a book)

Date(s)	Type of CME Activity (Journals, Books, Articles, Certificates, etc.)	Earned Credit Hours

My signature below, attests that the above is a true and correct representation of the CME completed during the two years preceding this registration and that proof of CME is attached.

Signature:

Date:

THIS FORM MUST BE RETURNED WITH YOUR RENEWAL APPLICATION