

<p>Please print or type all information.</p> <p>Physician _____</p> <p>AOA No. _____</p> <p>Office Address _____</p> <p>_____</p> <p>City _____ State ____ Zip _____</p> <p>Student _____</p> <p>Hours _____</p> <p>Dates ____/____/____ to ____/____/____</p> <p>Signature (Required) _____</p>	<p>If any other physicians in your office participated in the training of this student, please list physician's name, AOA Number and hours with student.</p> <p>Physician _____</p> <p>AOA No. _____ Hours _____</p> <p>Physician _____</p> <p>AOA No. _____ Hours _____</p> <p>Physician _____</p> <p>AOA No. _____ Hours _____</p> <p>Physician _____</p> <p>AOA No. _____ Hours _____</p> <p>Date ____/____/____</p>
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Dear Doctor,

Thank you for participating in the education of a LECOM medical student. By working with the student, you earn one (1) category 1-B continuing medical education credit for each hour of instruction. For example, if you work 40 hours with a student, you will receive 40 CME credits. To receive these credits, please complete all information above, sign your name and return the form to the LECOM CME office. We submit credits to the AOA at the end of each quarter.

Your support of LECOM's educational goals and our students is greatly appreciated.



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This form is also available on the LECOM web site:
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