



American Osteopathic College of Dermatology
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**Attendance Attestation
 Seattle, WA
 October 2014**

Name _____ AOA# _____
 (PLEASE PRINT)

Check each session attended, insert total and sign and return form to AOCD at the conclusion of the conference

Sunday, October 26, 2014

_____ 10:00 am - 12:00 pm	Dermatology CME	2 credits
_____ 1:30 pm – 3:30 pm	Dermatology CME	2 credits
_____ 3:45 pm – 5:45 pm	Dermatology CME	2 credits

Monday, October 27, 2014

_____ 7:00 am – 10:00 am	Dermatology CME	3 credits
_____ 1:45 pm - 3:00 pm	Dermatology CME	1.25 credits
_____ 3:15 pm – 5:45 pm	Dermatology CME	2.25 credits

Tuesday, October 28, 2014

_____ 7:00 am -10:00 am	Dermatology CME	3 credits
_____ 10:15 am -12:15 pm	Dermatology CME	2 credits

Total CME Credits _____

Signature _____ Date _____

I attest to my attendance and the accuracy of the total hours listed above.

AOA Accreditation Requirements for AOA Category 1 CME Sponsors.

On-site Monitoring for Continuing Medical Education Program – AOA Category 1 CME Sponsors shall provide a signed attendance sheet from each attendee indicating the number of credits actually attended for each sponsors CME activity.

Category 1 CME Sponsors may use an electronic method of signature as long as there is evidence the physician attended the educational program. (AOA Board of Trustees Resolution 14 (A/2012))

Attendees should claim credit only for the portion of the program they attended and successfully completed.
 Eff: July 2014