



Texas Osteopathic Medical Association  
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## TOMA CME REPORTING FORM

For TOMA to submit your program to the AOA for CME credit, please provide the information below and return with signed Speaker Disclosure and completed roster of attendance.

### Fees for CME Reporting

The AOA fees for CME reporting are, \$25.00 per program (3 or more hours) and .10 per hour filed. Program Sponsors (i.e. TOMA District, Study Group etc.) will receive an invoice from TOMA for the fees associated with your program.

Program Title:

Program Date:

Speaker:

Program Location/Venue:

Program Sponsor:

“This program consisted of \_\_\_\_\_ hour(s) of formal post-graduate education.” \_\_\_\_\_  
 Signature of Sponsor Representative

### ROSTER OF ATTENDANCE

<u>AOA#</u>	<u>Physician Name</u>	<u>Signature</u>
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11.		

*continued*

**AOA#** **Physician Name** **Signature**

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- 22.

*Please make additional copies if more space is needed.*

**Speaker Disclosure Statement**

It is the policy of the T.O.M.A. to insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. Faculty presenting at T.O.M.A. programs are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program.

This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic.

The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgment about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interest may reflect a possible bias in either the exposition or the conclusions presented.

**Please Make a Selection**

\_\_\_\_\_ I have no actual or potential conflict of interest in relation to this program or presentation.

\_\_\_\_\_ I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation. Please describe below.

Affiliation/Financial Interest

Name of Organization

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Signature

Date