COLLEGE OF MEDICINE
CENTRAL MICHIGAN UNIVERSITY

Office of Continuing Medical Education 2024

PHYSICIAN TEACHING CREDIT CLAIMED

For calendar year 2024, please enter the number of hours each month that you spent teaching residents and or medical students from CMU College of Medicine / CMU Partners accredited medical educational programs.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Residents													
Students													

I attest to the accuracy of the information provided above and will claim the *AMA PRA Category 2 Credit*™ for teaching allowable for the period.

_____ _____ _____
Name Printed Signature Date

_____ _____ _____
Address City, St Zip E-Mail

☐ LCME Accredited Medical Student Program ☐ OB/GYN Residency Program ☐ Family Medicine Residency Program ☐ Psychiatry Residency Program

☐ Emergency Medicine Residency Program ☐ Internal Medicine Residency Program ☐ Surgery Residency Program ☐ Pediatric Residency Program

Please send the completed form to: e-mail – CMEDCME@cmich.edu

PROGRAM DIRECTOR ATTESTATION

I agree that the physician above participated in resident and or medical student teaching for the periods identified above.

_____ _____ _____
Residency Program Director Name Printed (if applicable) Signature Date

_____ _____ _____
Medical Student Director Name Printed (if applicable) Signature Date