

**SAMPLE TEMPLATE**  
*(We can prepare this once we receive a full agenda)*

**University of New England College of Osteopathic Medicine**  
**Department of Continuing Medical Education**

**<Name of Activity>**

**<Date(s)>**  
**<Location>**

**CME/CE Credit Reporting Form**

**Instructions:**

- 1) *Check off all sessions you attended.*
- 2) *Use **only** this form to report hours you attended. (Credit hours are awarded on an hour for hour basis.)*
- 3) *Total the number of hours you attended and enter the number into the designated space. **(IT IS IMPORTANT THAT YOU ENTER THIS INFORMATION)***
- 4) *Complete the information requested at the bottom of the form, then sign and date it.*
- 5) *Submit this form to the conference staff before leaving.*

**<Day & Date>**

<Presentation title (# hr)>  
<Speaker name and credentials>

<Presentation title (# hr)>  
<Speaker name and credentials>

**<Day & Date>**

<Presentation title (# hr)>  
<Speaker name and credentials>

<Presentation title (# hr)>  
<Speaker name and credentials>

**Please PRINT all information except the signature:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Credential \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

