COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us

Continuing Medical Education Reporting Form

(AMA PRA Category 2 Credit Only)

The Pennsylvania State Board of Medicine requires that physicians document AMA PRA Category 2 Credit that they have completed to fulfill the Board's Continuing Medical Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our web site at www.dos.state.pa.us/med.

Name: _____

License No. _____ **CME Hours for Biennial Period: Jan 1,** _____ **to Dec 31,** _____

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual physicians may claim AMA PRA Category 2 Credits for learning experience that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. ***Credit claimed should be commensurate with the actual time spent on an activity***. Information regarding the requirements to obtain AMA PRA certification can be found on their web site at www.ama-assn.org/cme.

Acts of charity, volunteer time and service on a council or committee DO NOT earn a physician CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations.

THIS FORM SHOULD BE USED TO RECORD ONLY CATEGORY 2 ACTIVITIES

IF REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN REACTIVATING A LICENSE OF IF YOU ARE CHOSEN FOR AN AUDIT OF YOUR CME

Date of Activity	Activity Title (i.e., Name of Journal, Online Activity, etc.)	Subject or Content Area (i.e., Article Title, etc.)	Credits Claimed

Name: _____

License No. _____ **CME Hours for Biennial Period: Jan 1,** _____ **to Dec 31,** _____

Date of Activity	Activity Title (i.e., Name of Journal, Online Activity, etc.)	Subject or Content Area (i.e., Article Title, etc.)	Credits Claimed