TOTAL



FEB

MAR

APR

MAY

Office of Continuing Medical Education

AUG

PHYSICIAN TEACHING CREDIT CLAIMED

For calendar year 2022, 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.

JUN

Residents									
Students									
attest to the accuracy of the information provide	ed above and will	claim the Catego	ry 2-A credi	it for teachi	ng allow	able for the	period.		
Name Printed		Signature			D	Date			
Address	Cit	City, St Zip				E-Mail			
ccredited Medical Student Program OB/GYN Re	esidency Program	☐ Fam	ilv Medicine F	Residency Prog	ram	Psychi	atry Residency	, Program	
						Pediatric Residency Program			
mergency Medicine Residency Program Internal M	edicine Residency Prog	_	ery kesidency	y Program		- Pediat	ric Residency	Program	
Dioaco co	and the completed	Other	sail CMED	CME@cmic	h odu				
	end the completed			OCME@cmic	<u>euu</u>				
	PROGRA	M DIRECTOR AT	TESTATION	I					
agree that the physician above participated in re	esident and or med	dical student tead	ching for the	e periods id	entified	above.			
tesidency Program Director Name Printed (if applicab	le) Signature	re				Date			
					_				
Medical Student Director Name Printed (if applicable)	Signature	Signature				Date			