

Section 2 - Reason(s) For Requesting Reclassification

The reasons for making this request are: (check all that apply)

- _____ (A) Circumstances require that I attend CME programs near my home and similar osteopathic programs are not available in Ohio or in the geographical area where I practice, that are relevant to my practice.
- _____ (B) I am/was in a non-osteopathic internship, residency or fellowship program which is/was **not** approved by the American Osteopathic Association.
- _____ (C) The courses sponsored by osteopathic organizations are not relevant to my practice in terms of subject matter because (please list specialty:_____)
- _____ (D) Other reasons for request (please describe as fully as possible):

Section 3 - Credit For Residency or Fellowship Training while Licensed

If you are seeking CME credit for an AOA or ACGME residency or fellowship program, please list program(s) that you wish to have approved. The State Medical Board of Ohio will accept 50 category 1 credits for each year of residency/fellowship completed in an approved AOA or ACGME program. Please include a copy of your certificate of completion or letter from your program director.

Residency Fellowship Specialty: _____

Hospital: _____

Address: _____

Program Director: _____

Training Dates: _____

***\$25 charge to convert all credits applied for on this application.
If paying by check, please make checks payable to OOA.***

If paying by credit card, please complete the credit card information below. Visa, MasterCard, American Express and Discover accepted.

Name on card: _____ Billing Zip Code: _____

Card Number: _____ Expiration Date: _____

Security Code: _____ (3 digit code on the back on Visa, MC or Discover. 4 digit code on the front of AmEx)

Signature – Approval of \$25 charge: _____ Date _____



OHIO
OSTEOPATHIC
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