



Follow the steps below to complete and submit this form to report CME credits earned in one 12-month period. The period begins on the first day following your birth month and ends on the last day of your birth month. Credits reported for additional 12-month periods may be reported, however each period reported requires payment of a separate fee to be processed. Note: The Medical Board of California (MBC) requires physicians to earn a minimum of 50 AMA PRA Category 1 Credits™ in the two years prior to expiration of their medical license.

Report Credits • Pay Online • View and Print Transcript

http://www.imq.org/ContinuingMedicalEducation/CMECertification.aspx

Step 1

REPORT CATEGORY 1 CREDITS GRANTED BY ACCREDITED CME PROVIDER

I am reporting CME credits earned beginning (month/year*): _____ and ending _____ (month/year).

*Begins on the first day following your birth month and ends on the last day of your birth month; encompasses a 12 month period.

List below all qualified educational activities granted by a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), the IMQ/CMA or other accreditor recognized by the MBC. The accredited provider grants the credit and will issue a certificate or other verification of credit for qualified types of activities.

PLEASE NOTE:

- Physicians with an initial California licensure must earn 12 CME credits on Pain Management/End of Life Care by your second license renewal. This is a one-time requirement.
General Internists or Family Physicians with 25% or more patients who are 65 or older must complete 20% of CME credits in geriatric medicine or topics related to the care of older patients.
No more than 5 manuscript reviews per year qualify (for a maximum of 15 AMA PRA Category 1 Credits™).

Table with 5 columns: Activity Date(s) (START MM/DD/YY, END MM/DD/YY), Accredited Provider, Activity Title, AMA PRA Category 1 Credits™ OR Prescribed Credits. Multiple empty rows for data entry.

Online Resources: www.imq.org

Download Reporting Form • Report CME • View and Print Transcript • Pay Online

CONTINUE ON OTHER SIDE →→→

Name

Address

CMA ID#

CA LIC #

Expiration Date:

Step 2

REPORT OTHER ACTIVITIES THAT REQUIRE DOCUMENTATION

YOUR FORM CANNOT BE PROCESSED WITHOUT PROPER DOCUMENTATION FOR THE FOLLOWING ACTIVITIES

<p>TEACHING/PRESENTATIONS AT LIVE CME ACTIVITIES</p> <p>Preparing and presenting an original presentation at a live activity that has been certified for AMA PRA Category 1 Credits™ if the <i>accredited CME provider has not already awarded credit for this.</i></p> <p>Documentation: A copy of the page(s) used to announce or describe the activity. Include the name of the speaker, accredited CME provider, AMA Credit Designation Statement, date and location of the activity.</p> <p>Awarded: 2 AMA PRA Category 1 Credits™ Per one (1) hour of presentation time</p>	<p>SPECIALTY BOARD CERTIFICATION</p> <p>Successfully completing an American Board of Medical Specialties (ABMS) board certification or Maintenance of Certification (MoC). Physicians have two options for claiming credit for this activity:</p> <p>1) AMA recognizes this activity for a one-time award of 60 AMA PRA Category 1 Credits™. 2) The Medical Board of California recognizes this activity for 100 CME credits over four years (25 credits per year).</p> <p>Documentation: A copy of the board certificate or the specialty board notification letter.</p>
<p>TEACHING RESIDENTS AND MEDICAL STUDENTS</p> <p>Faculty can earn AMA PRA Category 1 Credit(s)™ for the teaching of medical students, residents and fellows, as long as it meets all of the AMA core requirements for live activities and is certified by an institution that, in addition to being an accredited CME provider (or working in joint sponsorship with an accredited CME provider), is accredited by the LCME (to certify teaching medical students), the ACGME (to certify teaching residents/fellows) or both.</p> <p>Documentation: Provide a letter printed on letterhead from the Coordinator or Education Department of the accredited CME program which verifies the hours you have spent teaching, and confirms the qualifications listed above, or provide a certificate with a designation statement.</p> <p>Awarded: 2 AMA PRA Category 1 Credits™ for every 1 hour you teach for a maximum of one-third of the required CME hours.</p>	<p>RESIDENCY/FELLOWSHIP PROGRAMS</p> <p>Completing an ACGME accredited residency or fellowship program. Physicians have two options for claiming credit for this activity:</p> <p>1) AMA recognizes this activity for 20 AMA PRA Category 1 Credits™ per year for up to three years. 2) The Medical Board of California recognizes this activity for up to 6 hours of CME each month.</p> <p>Documentation: A certificate or letter of completion from the approved ACGME-accredited residency or fellowship program.</p> <p>PREPARING A POSTER PRESENTATION</p> <p>A poster presentation, as the first author at a certified activity.</p> <p>Documentation: A copy of the pages in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA Credit Designation Statement, title and date of activity.</p> <p>Maximum: 1 poster for 5 AMA PRA Category 1 Credits™ each year</p>
<p>MEDICALLY-RELATED ADVANCED DEGREE</p> <p>Obtaining a medically related advanced degree, such as a master's in public health. Note: This is not applicable if the academic program certified individual courses for AMA PRA Category 1 Credit™.</p> <p>Documentation: Provide a copy of your diploma or final transcript.</p> <p>Maximum: 25 AMA PRA Category 1 Credits™</p>	<p>PUBLISHING AS A LEAD AUTHOR</p> <p>Publishing an article as the lead (first-listed) author in a peer-reviewed journal included in the MEDLINE bibliographic database.</p> <p>Documentation: Provide documentation which includes the name of the author <u>listed first</u>, the name of the journal and the date published.</p> <p>Maximum: 1 article for 10 AMA PRA Category 1 Credits™ each year</p>

Activity Date(s) MM/DD/YY	Prescribed Credit	Description of Activity	CME Credits (Requires Documentation)

Step 3

SIGN. SUBMIT PAYMENT. KEEP A COPY. SEND.

I certify that this is a true statement of my continuing education for the period reported. I verify that my license number, expiration date, and address are correct.

Physician's Signature (required) _____ M.D. or D.O. _____
 Circle _____ Date _____

Phone: _____ Email: _____

The fee for each 12 month period reported is: **CMA Member: \$37, Non-Member: \$59**

To **pay by check:** Please mail check **PAYABLE TO** the **Institute for Medical Quality** Pay online at: **www.imq.org**

To **pay by credit card:** Please complete the following information:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard													
Card	Card Number											Code	Expiration Date
Name as appears on card:													
Authorization Signature:												Date	

Mail (180 Howard St., Suite 210, San Francisco, CA 94105), FAX (415.882.5149), Email (jsamper@imq.org) or

Report Online at: <http://www.imq.org/ContinuingMedicalEducation/CMECertification.aspx>

Questions about CME Certification? Contact **Julio Samper** at (415) 882-3387 or jsamper@imq.org

THANK YOU!

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