



GUAM BOARD OF MEDICAL EXAMINERS

CONTINUING MEDICAL EDUCATION REPORT

A. IDENTIFICATION

1. Name: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)
2. SSN.: _____ Date of birth: _____
3. Guam License No.: _____ Expiration Date: _____
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B. CME CATEGORIES AND REQUIREMENTS: A minimum of 100 credit hours of CME over the past two(2) years. Of this, at least a minimum of 50 Category I credit hours relevant in the field of your practice. (SEE REVERSE PAGE)

C. LISTING OF CONTINUING EDUCATION PARTICIPATION: (PLEASE PRINT OR TYPE)

Course Title	Sponsored By	Dates Attended	Accredited/Approved by (AMA, AAFP, ACOG, etc.)	Category	Credit Hours

Total No. of Credit hours Reported: _____

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing.

(Signature of Physician)

(Date)

ATTACH COPIES OF ALL CATEGORY I CERTIFICATES