

CME Re-Audit Logging Form

Please type in form or print in blue or black ink. See next page for instructions.

Name: _____ PA Identification #: _____

Address: _____ Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____, ext. ____

City, State, Zip: _____ E-mail: _____

I certify that the information provided here is true and correct. Documentation for ALL Category 1 CME credits must be submitted with this logging form.

Signature: _____ Date: _____

Category 1 (Preapproved) – Documentation must be submitted for all credits logged below

Date(s) MM/DD/YY	Program Title/Activity	Provider	Sponsor (AAPA, AAFP, AOA, AMA, RCPSC, CFPC, or the PACCC)	# of Credits	A/D
					For office use only.

Category 2 (Elective)

Date(s) MM/DD/YY	Program Title/Activity	# of Credits	A/D
			For office use only.

Date: _____
Initials: _____

	Cat 1	Cat 2	TOTAL
Total			
Dsp			

CME Re-Audit Logging Form

Log your Category 1 and Category 2 CME credits for the current cycle, and any additional Category 1 credits that could not be verified from your first audit, on this form. You must include documentation for all Category 1 CME credits.

Payment Policies

The Certification Maintenance fee is \$180. In addition to the Certification Maintenance fee, you must also pay a \$100 re-audit fee.

NCCPA will assess a \$35 fee for all returned checks and declined credit cards. If you pay by check, please sign in to your personal certification record in a few days to verify that all fees have been paid.

Instructions for Completing the CME Re-Audit Logging Form

1. Provide your name, address and other information requested at the top of the form.
2. Make copies of this form as needed.
3. Log Category 1 credits in the first table and Category 2 (Elective) credits in the second table. See *definitions of terms at right*. Submit copies of Category 1 documentation.
4. To complete the Category 1 table:
Column 1: List the date(s) of each program or activity, which should be recorded in **chronological order**. If the item encompasses several days or months, base its placement on the **start date** of the activity.
Column 2: List the name of the CME program or activity.
Column 3: List the name of the provider (who conducted the conference or seminar) for each activity.
Column 4: List the organization that sponsored each Category 1 activity. See *list of sponsors under Category 1 (Preapproved) CME at right*.
Column 5: List the number of credits earned.
Column 6: Do NOT write in this column. It is for office use only.
5. To complete the Category 2 table, follow the same general instructions listed in #4 (column 1, 2 and 5).
6. Number the pages and provide the total page count where indicated at the bottom of the form.
7. Sign and date each page.

8. Attach copies of supporting documentation for Category 1 credits.

9. Pay a \$100 re-audit fee.

Definition of Terms

Category 1 (Preapproved) CME

NCCPA accepts for Category 1 credit, programs that are approved for a specific number of credit hours by the American Academy of Physician Assistants (AAPA), Prescribed credit by the American Academy of Family Physicians (AAFP), Category 1 credit by the American Osteopathic Association (AOA), the American Medical Association (AMA) (activities sponsored by providers accredited by the ACCME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), or the Physician Assistant Certification Council of Canada (PACCC).

Category 2 (Elective) CME

Category 2 encompasses the following:

1. Any practice-related program that is not eligible for Category 1 credit.
2. Any practice-related, voluntary, self-learning activity (i.e., journal reading, medical volunteering).
3. Any practice-related postgraduate course, excluding courses taken in an actual PA program.

Category 2 credits are logged on an hour-per-hour basis. There is no minimum requirement for Category 2 credits.