STATE OF ARIZONA NATUROPATHIC PHYSICIANS MEDICAL BOARD CME COMPLIANCE CHECK SHEET

IF YOU ARE BEING AUDITED, SUBMIT COMPLETED FORM ALONG WITH EVIDENCE OF CME COMPLETION FOR THE AUDIT YEAR

NAME	License No	AUDIT YEAR
	ontinuing Medical Education Requirement inuing medical education activities are requi	
	Required Topics	
PHARMAGOLOGY (As is relates to the d A minimum of 10 credit hours is required	iagnosis, treatment, or prevention of a diseas	se).
OPIOID RELATED (Substance Use Disor A minimum of 3 credit hours is required	rder-Related or Addiction-Related)	
 CLINICAL APPLICATION OF NATUR a. The American Association of Naturopathic College of Naturopathic Medicine (SCNN) b. The Arizona Naturopathic Medical Association of the American Naturopathic Identity in the Aminimum of 8 credit hours is required 	c Physicians (AANP); or any of its constitue M) iation (AzNMA), or	
Indicate th	ne number of hours completed under each	category
1. Education certified as Category I by a Medical Education (ACCME Certified)		itation Council on Continuing
Number of Hours Completed in evidence of ACCME certification.)	this category (submit a copy of certificate	e of completion, which must reflect
	n of Naturopathic Physicians (AANP); or any of i (SCNM) b. The Arizona Naturopathic Medical A	ts constituent, organizations; including
	n this category. (submit a copy of certifmore of the organizations listed in a, b, obe completed in this category	
3. One credit hour may be claimed for <i>ea</i> preceptorship training program, or a program, or a program of the control of the co	ach eight hour day of training in an interpostdoctoral training program approved	
physician for each 8 hour day be	n this category (submit a letter of attending claimed for CME. The letter must be may be claimed in this category.	
if the research is conducted by or sportandidate for accreditation by: a . The	each eight hour day of research in subject te, core science, core clinical science, minor assored by a school of naturopathic medic Council on Naturopathic Medical Educated rediting agency recognized by the United	surgery and acupuncture.) cine that is accredited or a ation, b . The Council for Higher
	this category (submit a letter of research. The letter must be signed by the superv	

A maximum of 8 hours per year may be claimed in this category.

5. One credit hour may be claimed for <i>each hour</i> serving as an <u>insephysicians</u> in a program approved by one of the following organ Naturopathic Physicians (AANP); or any of its constituent organ Naturopathic Medicine (SCNM) b . The Arizona Naturopathic authority in the United States or Canada	unizations, a. The American Association of anizations; including Southwest College of
Number of Hours Completed in this category (submit a complete by the approved entity. The report must be signed by the sure A maximum of eight hours per year may be claimed in this	pervisor in charge of the program.)
6. Preparing or writing for presentation or publication, a medicall published, addressing current developments, skills, procedures medicine. Credit may be claimed only for materials presented of the date of publication or presentation.	, or treatment in the practice of naturopathic
Number of Hours Completed in this category Credit may or published, as of the date of publication or presentation. claimed in this category. (submit a copy of the published was a copy of the copy of the published was a copy of the copy o	A maximum of 4 credit hours per year may be
7. Credit hours may be earned for the following activities that prodevelopments, skills, procedures, or treatment related to the pramaintains a record for at least three years that includes a. Self-filmstrips, slides, radio broadcasts, or computers; (this includes journals and books; c. Preparation for specialty board certifical participation on a staff committee or quality of care or utilizating agency.	actice of naturopathic medicine, if the physician instruction that utilizes videotapes, audiotapes, films, s webinars) b. Independent reading of scientific tion or recertification examinations; or d.
Number of Hours Completed in this category (submit a r documenting the name of the activity, the date of the activity A maximum of eight hours per year may be claimed in this	ty, and the amount of time to complete the activity:
I have completed and submitted the documentation to the Box	ard of;
30 Total Hours of CME	
a minimum of 10 of the 30 Hours are In Pharmacology, (As is a disease).	relates to the diagnosis, treatment, or prevention of
a Minimum of 3 of the 30 Hours are in (Substance Use Disorder	-Related or Addiction-Related)
8 of the 30 Hours were approved by AANP, SCNM, AzNMA,	or US. Canada Naturopathic Licensing Authority
Signature of Physician	Date Submitted