

STATE OF ARIZONA NATUROPATHIC PHYSICIANS MEDICAL BOARD CME COMPLIANCE CHECK SHEET

IF YOU HAVE BEEN AUDITED YOU WILL SUBMIT THIS CHECKSHEET ALONG WITH COPIES OF CME

NAME \_\_\_\_\_ License No. \_\_\_\_\_ AUDIT YEAR \_\_\_\_\_  
Print your name

Email address print clearly: \_\_\_\_\_

I have completed and submitted the documentation to the Board of;

- \_\_\_\_\_ 30 Total Hours of CME
- \_\_\_\_\_ 10 of the 30 Hours are In Pharmacology
- \_\_\_\_\_ 8 of the 30 Hours were approved by AANP, SCNM, AzNMA, or US. Canada Naturopathic Licensing Authority.
- \_\_\_\_\_ Acceptable Certificates must contain your name, name of the CME, hours and date CME was taken, & approving agency.

**R4-18-205. Continuing Medical Education Requirements**

A. Every calendar year, a physician shall complete **30** credit hours of approved continuing medical education activities. **Ten** credit hours shall be in **pharmacology** as it relates to the diagnosis, treatment, or prevention of disease.

**Eight** credit hours shall be from programs **approved by** one or more of the organizations listed in subsection **(B)(2)**.

One hour of credit is allowed for every 50 minutes of participation in an approved continuing medical education activity unless otherwise noted in R4-18-205(B).

B. The following are approved continuing medical education activities:

(Indicate the number of hours completed under each category)

1. Education certified as Category I by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME Certified).

\_\_\_\_\_ **Number of Hours Completed in this category** (submit copy of certificate of completion.)

2. Continuing medical educational programs in the clinical application of naturopathic medical philosophy that are approved by;

a. The American Association of Naturopathic Physicians (AANP); or any of its constituent organizations; including Southwest College of Naturopathic Medicine (SCNM)

b. The Arizona Naturopathic Medical Association (AzNMA), or

c. Any naturopathic licensing authority in the United States or Canada.

\_\_\_\_\_ **Number of Hours Completed in this category.** (submit a copy of certificate of completion)

At least 8 hours per year MUST be completed in this category

3. One credit hour may be claimed for *each eight hour day* of training in an internship training program, a preceptorship training program, or a postdoctoral training program approved by the Board.

\_\_\_\_\_ **Number of Hours Completed in this category** (submit a letter of attendance from the supervising physician for each 8 hour day being claimed for CME. The letter must be signed by the supervisor)

A maximum of eight hours per year MAY be claimed in this category.

4. One credit hour, may be claimed for *each eight hour day* of research in subjects listed in *A.R.S. § 32-1525(B)*,

(*A.R.S. § 32-1525(B), basic biomedical science, core science, core clinical science, minor surgery and acupuncture.*)

if the research is conducted by or sponsored by a school of naturopathic medicine that is accredited or a candidate for accreditation by:

a. The Council on Naturopathic Medical Education,

b. The Council for Higher Education Accreditation, or

c. An accrediting agency recognized by the United States Department of Education.

\_\_\_\_\_ **Number of Hours Completed in this category** (submit a letter of research participation for each 8 hour day being claimed for CME. The letter must be signed by the supervisor conducting the research)

A maximum of eight hours per year MAY be claimed in this category.

5. One credit hour may be claimed for *each hour* serving as an instructor of naturopathic medical students or other physicians in a program approved by one of the organizations listed in subsection (B)(2),(a,b,c.)
- a. The American Association of Naturopathic Physicians (AANP); or any of its constituent organizations; including Southwest College of Naturopathic Medicine (SCNM)
  - b. The Arizona Naturopathic Medical Association, or
  - c. Any naturopathic licensing authority in the United States or Canada

\_\_\_\_\_ **Number of Hours Completed in this category** (submit a cumulative hours report of instructor performance by the approved entity. The report must be signed by the supervisor in charge of the program.)  
A maximum of eight hours per year MAY be claimed in this category.

6. Preparing or writing for presentation or publication, a medically related paper, report, or book that is presented or published, addressing current developments, skills, procedures, or treatment in the practice of naturopathic medicine. Credit may be claimed only for materials presented or published. Credit may be claimed only once as of the date of publication or presentation.

\_\_\_\_\_ **Number of Hours Completed in this category** Credit may be claimed only once for the materials presented or published, as of the date of publication or presentation. A maximum of 4 credit hours per year may be claimed in this category. (submit a copy of the published work being claimed for CME)

7. Credit hours may be earned for the following activities that provide necessary understanding of current developments, skills, procedures, or treatment related to the practice of naturopathic medicine, if the physician maintains a record for at least three years that includes
- a. Self-instruction that utilizes videotapes, audiotapes, films, filmstrips, slides, radio broadcasts, or computers; (this includes webinars)
  - b. Independent reading of scientific journals and books;
  - c. Preparation for specialty board certification or recertification examinations; or
  - d. Participation on a staff committee or quality of care or utilization review committee in a facility or government agency.

\_\_\_\_\_ **Number of Hours Completed in this category** ( submit a record to the Board for CME being claimed, documenting the name of the activity, the date of the activity, and the amount of time to complete the activity: A maximum of eight hours per year MAY be claimed in this category.

**I hereby attest to the Board that I am the physician named on this CME Checklist; the answers provided and any statement submitted with the checklist is true and correct. Signature of licensee is required**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date Submitted