



**DORMANT CERTIFICATION
ATTESTATION FORM FOR SPECIALTY SPECIFIC
CONTINUING MEDICAL EDUCATION (CME)**

NAME: _____ **AOA ID:** _____

EMAIL: _____ **PHONE:** _____

SPECIALTY CERTIFYING BOARD: _____

By signing below, I attest that I have completed the specialty-specific CME requirement, which specifically states that a minimum of twenty-five percent (25%) of the 120 total CME credits required per 3-year certification CME cycle must be specialty-specific.

It is my responsibility to maintain certificates of completion or other documentation of the Continuing Medical Education that I complete. I understand that, in review of my compliance with the Osteopathic Continuous Certification (OCC) process for dormant board requirements, the American Osteopathic Association Certifying Board Services (CBS) may audit my Component 2 activities, and I give my consent and agreement to participate in any such audit. If audited, I agree to provide the certificates of completion for the specialty-specific CME courses that I have completed.

I understand that providing false or misleading information on this attestation form or not cooperating with an audit may result in disciplinary action by the AOA, up to and including revocation of my AOA Board Certification.

SIGNATURE: _____ **DATE:** _____

Please email the attestation form to certification@osteopathic.org.

***This form is to be used by diplomates with dormant certifications only.**