

Name: _____ Delaware Podiatry License Number: _____ Day Telephone _____
Last First MI

Address: _____ City _____ State _____ Zip Code _____

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE BOARD FOR REVIEW ON OR BEFORE APRIL 30, 2006. (DO NOT FAX)

Instructions for completion of page 1 of the CME LOG:

- 1) Read SECTION "A" carefully and then complete SECTION "B"

Instructions for completion of page 2 of the CME LOG:

- 1) Type or print ALL information.
- 2) List **COMPLETE** information under the following categories: **MM/DD/YR, TITLE/TOPIC, PRESENTER/SPONSOR and HOURS. DO NOT ABBREVIATE.**
If any continuing education hours are to be obtained after May 1, 2006 please indicate this on the form. The certificate must be received by June 30, 2006.
- 3) Sign your name and indicate date in the space provided at the bottom of page 2.

SECTION A – RULES AND REGULATIONS

Pursuant to Board Rule 6.2 of the Rules and Regulations: "Each practitioner shall be exempt from the continuing education requirement in the first biennial licensing period, or any portion thereof in which he/she is licensed to practice in the Delaware. On or before the last day in April every two (2) years, each practitioner shall submit to the Board validated documents which evidence satisfactory completion of the continuing education requirements for the previous two (2) years..." "The Board reserves the right to request additional documentation, such as copies of program materials, to verify CME compliance."

SECTION B - CONTINUING EDUCATION REQUIREMENT: (Please mark appropriate box)

- I am required to submit 32 contact hours of continuing medical education because I have been licensed the entire (July 1, 2004 - June 30, 2006) biennium.
- I certify that I am exempt from the continuing education requirement because I was **originally** licensed after July 1, 2004.
- I have fulfilled the correct continuing medical continuation hours to reactivate an inactive license.

******PLEASE COMPLETE INFORMATION ON THE REVERSE SIDE OF THIS LOG PRIOR TO SUBMITTING******

**Return completed form to:
Board of Podiatry
861 Silver Lake Blvd. – Suite 203
Dover, DE 19904**

