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SUBMISSION OF PROOF OF
CONTINUING MEDICAL EDUCATION (CME)
(This Form must accompany your Certificate/s of Completion of Courses
For continuing education courses NOT sponsored by the NC Foot and Ankle Society)

*****PLEASE TYPE*** (using computer or typewriter)**

PODIATRIST'S NAME _____ **LICENSE #** _____

NAME OF SPONSORING ORGANIZATION _____
(e.g., APMA, Goldfarb Foundation, American College of Foot & Ankle Surgeons, the Podiatry Institute, etc.)

COURSE/EVENT NAME _____
(e.g., 2013 Annual Scientific Session, Footprints in the Sand, Rearfoot Reconstruction Seminar, 27th Annual Conference, etc.)

CITY & STATE of COURSE LOCATION _____

DATE(S) OF COURSE _____ for LICENSE YEAR _____ ending 6/30/19 _____

NUMBER OF CME HOURS COMPLETED _____

I certify that I have attended the above-named Continuing Medical Education (CME) activity for the hours noted above:

HANDWRITTEN ORIGINAL SIGNATURE OF PODIATRIST _____ **DATE** _____

**REQUIRED: THIS FORM MUST ACCOMPANY THE CME CERTIFICATE RECEIVED
FROM THE SPONSORING ORGANIZATION and BE RETURN TO THE BOARD
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