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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, 27<sup>th</sup> Annual Conference, etc.)

**CITY & STATE of COURSE LOCATION** \_\_\_\_\_

**DATE(S) OF COURSE** \_\_\_\_\_ for LICENSE YEAR \_\_\_\_\_ ending 6/30/17

**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  
WITH YOUR ANNUAL RENEWAL MATERIALS or other CME submission of Attendance Certificates.**

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