



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
 STATE BOARD OF PODIATRY  
 P. O. BOX 2649  
 HARRISBURG, PENNSYLVANIA 17105  
[St-podiatry@pa.gov](mailto:St-podiatry@pa.gov)

## Continuing Medical Education Reporting Form (AMA PRA Category 2 Credit Only)

The Pennsylvania State Board of Podiatry requires that podiatrists document AMA PRA Category 2 Credit that they have completed to fulfill the Board's Continuing Medical Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our web site at [www.dos.state.pa.us/pod](http://www.dos.state.pa.us/pod).

Name: \_\_\_\_\_

License No. \_\_\_\_\_ CME Hours for Biennial Period: Jan 1, \_\_\_\_\_ to Dec 31, \_\_\_\_\_

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual podiatrists may claim AMA PRA Category 2 Credits for learning experiences that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities podiatrists have undertaken on their own that should be beneficial to their practice. **Credit claimed should be commensurate with the actual time spent on an activity.** Information regarding the requirements to obtain AMA PRA certification can be found on their web site at [www.ama-assn.org/cme](http://www.ama-assn.org/cme).

Acts of charity, volunteer time and service on a council or committee DO NOT earn a podiatrist CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a podiatrist, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations.

**THIS FORM SHOULD BE USED TO RECORD ONLY CATEGORY 2 ACTIVITIES**

**IF REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN REACTIVATING A LICENSE OF IF YOU ARE CHOSEN FOR AN AUDIT OF YOUR CME**

Date of Activity	Activity Title (i.e., Name of Journal, Online Activity, etc.)	Subject or Content Area (i.e., Article Title, etc.)	Credits Claimed

