

**Tips for Precepting DO Students and Utilizing OMT**

December 2, 2022

Use this form to claim the number of credits or hours you spent within this program. It is important to print all information legibly.

*Attended Session:*

**Presenter: Teanna Moore, DO**

\_\_\_\_\_ ***Tips for Precepting DO Students and Utilizing OMT***

*Physicians and other attendees should only claim credit commensurate with the extent of their participation in this activity.*

**PLEASE PRINT all information except the signature:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Credential \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell/Day Telephone: \_\_\_\_\_

AOA # \_\_\_\_\_

**Attestation: I attended \_\_\_\_\_ hours of approved presentations for an equal number of CME/CE/contact hours and by my signature I certify to the best of my knowledge that the above information is correct.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be completed, signed and submitted in order to receive credit.***

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