



10<sup>th</sup> Annual Essentials of Clinical Medicine CME Conference  
June 12-14, 2026

Use this form to claim the number of credits or hours you spent within this program. It is important to print all information legibly. Maximum: Approved for up to 18.0 hour(s), 1-A CME credit

*Attended Sessions/Times:*

Friday, June 12, 2026 6.0 Hours

- Rapid Sacral & Pelvic Techniques (1.0Hr.) (in-person attendees only)
- High-Yield Visceral OMT (1.0Hr.) (in-person attendees only)
- Adult Vaccination Updates & Q&A. (1.0Hr.)
- Travel Medicine for the Primary Care Provider & Q&A. (1.0Hr.)
- Comprehensive Review of Cardiac Auscultation & Q&A. (1.0Hr.)
- Approaches to Treating Patients with Personality Disorders & Q&A. (1.0Hr.)

Saturday, June 13, 2026 7.0 Hours

- Dementia Management in the Outpatient Care Setting & Q&A. (1.0Hr.)
- The Expanding Spectrum & Q&A. (1.0Hr.)
- Healthcare Ethics for Clinicians & Q&A. (1.0Hr.)
- MASLD/MASH Relative to Primary Care & Q&A. (1.0Hr.)
- Obesity: Pathophysiology and Treatment (1.0Hr.)
- From Congestion to Flow: Restoring the Head and Neck System (1.0Hr.) (in-person attendees only)
- Quick OMT for the Busy Outpatient Clinic (1.0Hr.) (in-person attendees only)

Sunday, June 14, 2026 5.0 Hours

- Advancing Menopause Care: A Practical Framework for Hormone Therapy & Q&A. (1.0Hr.)
- Quadriceps Contusion (1.0Hr.)
- Common Complications of Oncology Treatment. (.50Hr.)
- Recent Topics in Thyroid Pharmacology and Q&A. (50Hr.)
- Artificial Intelligence in Primary Care & Q&A (1.0Hr.)
- Community Pain Management & Q&A (1.0Hr.)

*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: \_\_\_\_\_