



**UNIVERSITY OF  
NEW ENGLAND**

College of Osteopathic Medicine  
Department of Continuing Medical Education

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**TEACHING CREDIT  
REPORT FORM  
AOA 1A Credit**

Department/Institution Reporting Credit:

Reporting Period Start Date:

Reporting Period End Date:

Submitted By:

Check appropriate Teaching Category:

- Graduate (Residents, Interns)
- Undergraduate (Students)
- Both

AOA Number	Physician Name	Total Hours

\_\_\_\_\_  
Chief of Staff/Dept. Head/ODME  
Signature

