Name:_____
Record Form #:_____
Dates:_____to_____

North Carolina Medical Board
Continuing Medical Education Record Form

You may use this form to record your relevant CME, either NC Credit 1 or 2. Use as many of the forms as needed.
The Board may request documentation of entries at any time.

CME Activity • **If provided by an accredited sponsor (NC Credit 1), enter sponsor's name and location, note type/nature of activity [*eg, St Swithin's Hospital, Anytown, NC – Seminar.*]** • **If NOT provided by an accredited sponsor (NC Credit 2), note type/nature of activity [*eg, Self-Study, article in* JAMA*, Vol 285, #4.*]**	**Practice-Relevant Subject**	**Date(s)**	**Hour Value**	**N.C. Credit (1 or 2)**

N.C. Credit 1 hours listed on this page: _____ N.C. Credit 2 hours listed on this page: _____
(Must total at least 150 hours in 3 years, with at least 60 hours of NC Credit 1.)
(Refer to the Board's *Brief Guide to CME Requirements* and the *CME Rule* for further details.)