



TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE – CALIFORNIA

DECLARATION OF FACULTY PARTICIPATION IN DIDACTIC LECTURING

Today's Date: _____

Semester and Year: _____

Name and Degree _____

AOA Number _____

Licensure Number and State _____

Telephone Number _____

E-mail Address (required) _____

The Touro University College of Osteopathic Medicine—California osteopathic physician faculty member listed above has participated in the formal training of medical students at Touro University College of Osteopathic Medicine—California and is eligible for Category 1-A credit hours as follows:

Course 1

Course Title _____

Total Teaching Hours _____

Course 2

Course Title _____

Total Teaching Hours _____

Course 3

Course Title _____

Total Teaching Hours _____

Course 4

Course Title _____

Total Teaching Hours _____

D.O. Physicians: Once received, a signed certificate for Category 1-A credits will be e-mailed to you for your files, along with confirmation that the credit hours have been reported to the AOA.

M.D. physicians: The American Medical Association does not recognize teaching medical students as eligible for *AMA PRA Category 1 Credit*™. A certificate of participation will be issued upon request by the faculty M.D. physician.