

Osteopathic Continuing Medical Education

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The current continuing medical education (CME) cycle began on January 1, 2007, and will end on December 31, 2009. Statistics for the 2004-2006 CME cycle will not be available until May 31, 2008. The author provides an update on trends in osteopathic CME programs and details minor changes to CME requirements for state licensure. In addition, this article explains changes to several policies of the American Osteopathic Association with regard to the Association's awarding and recording of CME credits for physicians who hold specialty board certification.

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The current continuing medical education (CME) cycle began on January 1, 2007, and will end on December 31, 2009. All members of the American Osteopathic Association (AOA), other than those otherwise exempted (Figure 1), are required to participate in the CME program and to meet specific CME credit-hour requirements for the current 3-year CME cycle.

Continuing medical education credit hours granted by the AOA are from one of four categories: 1A, 1B, 2A, or 2B (Figure 2). In general, CME credit from category 1 is osteopathic (ie, AOA) CME credit; category 2 credit is nonosteopathic CME credit; type A credit is granted for formal, didactic courses; type B credit is for less formal CME activities, such as hospital committee work or reading the scientific content in *JAOA—The Journal of the American Osteopathic Association* in conjunction with completing a *JAOA* CME quiz. A more detailed description of how CME credit is categorized by the AOA can be found in Figure 3.

The AOA's Board of Trustees (BOT) approved an updated CME requirement for Association membership at its February 2003 meeting.¹ At that time, the BOT set the CME requirement for AOA membership to 120 credit hours with a minimum of 30 hours dedicated to earning category 1A credits. No waiver for this 120-hour requirement will be granted unless due cause or inability to obtain hours is demonstrated to the Council

on Continuing Medical Education (CCME). The remaining 90 hours of the 120-hour requirement may be obtained by combining earned CME credits from any of the four credit categories (ie, 1A, 1B, 2A, or 2B). A maximum of 60 hours of category 1B preceptoring may be applied to the basic 120-hour requirement.

AOA Members Exempted From CME Requirements

- Retired members who do not hold an active license to practice medicine
- Members who reside outside the geographic boundaries of the United States and Canada
- Student members
- Interns
- Residents
- Members participating in postgraduate programs recognized by the AOA
- Military members assigned positions other than in their specialty
- Military members who are involved in significant military operations
- Disabled members

Figure 1. Members of the American Osteopathic Association (AOA) exempted from the AOA's continuing medical education (CME) credit-hour requirements. Life members in active practice have a CME requirement.

AOA Categories and Types of CME Credits Awarded

Category	Type	
	A – Formal	B – Less Formal
1 – Osteopathic	1A	1B
2 – Nonosteopathic	2A	2B

Figure 2. The four categories of continuing medical education credit granted by the American Osteopathic Association.

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AOA CME Program, 2007–2009: Categories and Basic Requirements for CME Credits Awarded in 3-Year Cycle

Category and Content	Hour Requirement	
	Mandatory	Optional*
■ Category 1		
□ Category 1A	30	90
<ul style="list-style-type: none"> – Formal education programs sponsored by AOA-accredited CME sponsors – Osteopathic medical teaching – AOA-accredited standardized life support courses – CME on the Internet (real-time, interactive simultaneous conferencing; maximum: 9 hours) – Risk management and managed care programs (AOA sponsored, clinical in nature, and meet the faculty requirement for AOA category 1A CME credit) – Bioterrorism programs that are AOA accredited (face-to-face) – Bioterrorism programs that are accredited by the ACCME or approved by the AAFP (face-to-face; maximum: 4 hours) – Standardized federal aviation courses (aviation medicine and flight surgeon primary course) – Federal programs (for participants who are on active duty in the US military or are employed by a uniformed service) – Grand rounds (when submitted as a “series of programs,” as opposed to being submitted on a lecture-by-lecture basis) – Faculty development programs (maximum: 10 hours[†]) 		
□ Category 1B		90
<ul style="list-style-type: none"> – Development and publication of scientific papers and electronically communicated programs intended for physician education – Osteopathic preceptoring (maximum: 60 hours) – Conducting osteopathic healthcare facility inspections, college inspections, and osteopathic postdoctoral training institution inspections, and administering certifying board examinations – Passing an AOA recertification examination or a Certification of Added Qualifications examination (maximum: 15 hours) – Attendance at committee and departmental meetings for the review and evaluation of patient care at either an osteopathic or allopathic institution – CME on the Internet (<i>not</i> real-time, interactive simultaneous conferencing; maximum: 9 hours) – Reading the <i>JAOA</i> and/or its supplements and passing a <i>JAOA</i> CME quiz[‡] – Faculty development programs (AOA sponsored) – Managed care programs (if the faculty requirement is not met) – Risk management programs (administrative in nature) – Federal programs – Journal reading (scientific journals approved by the AOA’s CCME and passing the respective CME quiz with a minimum grade of 70%) – Test construction committee work (written test item submitted to an official AOA certifying board or NBOME [maximum: 20 hours] or used in oral or practical examinations [maximum: 10 hours] – clinical cases when developed and submitted to NBOME for COMLEX-USA Level 2-PE [maximum: 20 hours]) – Postgraduate in-service examination committee work (specialty boards) – Other osteopathic CME activities approved by the AOA’s CCME 		

(continued)

Physician-members have opportunities to earn CME credit from many osteopathic medical organizations. Programs sponsored or cosponsored by AOA-accredited CME sponsors are listed monthly in the *The DO* magazine’s “Coming Events” department at the back of each issue. Additional opportunities

are listed on the DO-Online calendar, accessed through the Calendar link on the navigation bar at the top of the Web page (<http://www.do-online.org>).

For those physicians who have specialty board certification through the AOA, of the total 120-hour requirement for CME

AOA CME Program, 2007–2009: Categories and Basic Requirements for CME Credits Awarded in 3-Year Cycle (Continued)		
Category and Content	Hour Requirement	
	Mandatory	Optional*
■ Category 2		
□ Category 2A		90
<ul style="list-style-type: none"> – Formal educational programs that are designed to enhance clinical competency and improve patient care that are sponsored by entities that meet the quality standards of the AOA, the ACCME, or the AAFP – CME on the Internet (real-time, interactive simultaneous conferencing) – Risk management programs (clinical in nature, ACCME sponsored and AAFP approved) – Bioterrorism programs that are ACCME accredited or AAFP approved (face-to-face) – Managed care programs (clinical in nature, ACCME sponsored and AAFP approved) 		
□ Category 2B		90
<ul style="list-style-type: none"> – Journal-type CME on the Internet – Home study – Scientific exhibit preparation and presentation – CME on the Internet – Risk management programs (administrative in nature) – Passing an American Board of Medical Specialties recertification examination or a Certification of Added Qualifications examination (maximum: 15 hours) – Other CME activities approved by the AOA's CCME 		
Total CME requirement		120[§]

Figure 3 (left and above). Material that is new since the publication of THE JOURNAL's 2006 Osteopathic Medical Education issue⁶ is indicated in **boldface**. AAFP indicates American Academy of Family Physicians; ACCME, Accreditation Council for Continuing Medical Education; AOA, American Osteopathic Association; COMLEX-USA Level 2-PE, Comprehensive Osteopathic Medical Licensing Examination-USA Level 2-Performance Evaluation; CCME, Council on Continuing Medical Education; CME, continuing medical education; NBOME, National Board of Osteopathic Medical Examiners. *The optional category 1A requirements listed in this table are interchangeable. One may select 90 additional hours from any of the four CME credit types given and in any combination, as long as the mandatory 30-hour requirement for category 1 credit hours is met. †Osteopathic physicians who exceed the maximum limit of 10 credit hours of category 1A CME credit for

faculty development programs can apply those excess credit hours to category 1B CME credit if the programs were provided by an AOA-accredited category 1 CME sponsor.[‡] JAOA—The Journal of the American Osteopathic Association grants 2 hours of category 1B CME credit to osteopathic physicians who complete quizzes on the scientific content in THE JOURNAL and its supplements. To apply for CME credit, AOA members who are registered users of DO-Online can take JAOA CME quizzes online (<http://www.docmeonline.com>). Alternatively, readers can complete the JAOA quiz and mail it with their AOA number to the Division of CME. §Physicians who obtain 150 hours of CME credit in a 3-year CME cycle are recognized and awarded an AOA Certificate of Excellence in CME.⁴

Source: Continuing Medical Education Guide, 2007-2009: Guide for Osteopathic Physicians, December 2006.⁷

credits, 50 hours must be earned in CME activities related to the primary specialty field in either category 1 or category 2—though the total CME requirement for physicians certified by the American Osteopathic Board of Family Physicians is higher, at 150 hours per 3-year CME cycle.² Failure to fulfill this CME requirement may result in loss of AOA specialty board certification. In the past year, the majority of changes to the AOA's CME program relate to this component of member requirements, as further detailed on page 73 of the present article.

Continuing medical education requirements are reduced according to a proration schedule based on the date when an osteopathic physician joins the AOA after the beginning of a new 3-year CME cycle. The CCME considers exemptions, reductions, and waivers to its CME requirements on a case-by-case basis. *Again, the CCME will grant no waivers without due cause or inability to obtain hours unless policy advises otherwise.*

As noted, the current CME cycle began on January 1, 2007, and ends on December 31, 2009. All AOA members, other

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CME Requirements by State	
State	CME Requirement(s)
Alabama	12 hours of category 1 credit per year
Alaska	25 hours of category 1 credit (AOA or AMA) per year
Arizona	20 clock-hours of category 1A credit annually from attendance at AOA-approved educational programs (must present evidence of attendance)
Arkansas	20 hours of category 1 or 2 credit (AOA or AMA) annually
California	150 hours of category 1 or 2 credit (AOA or state board approved) per 3-year period – 60 hours must be category 1 credit for active license
Colorado	None
Connecticut	None
Delaware	40 hours of category 1 credit (AOA or AMA) every 2 years
District of Columbia	None*
Florida	40 hours of category 1 or 2 credit biennially – 20 hours must be category 1 credit (AOA or AMA†) related to the practice of osteopathic medicine or under osteopathic auspices; course credits are mandated in each of the following topic areas and require live, participatory coursework: controlled substances (1 hour), domestic violence (2 hours every 6 years), Florida state laws and rules (1 hour), HIV/AIDS (1 hour – new licensees only) , prevention of medical errors (2 hours), and risk management (1 hour). Alternative topic areas are also available: end-of-life care (1 hour) or palliative care (1 hour).
Georgia	40 hours of category 1 credit (AOA or AMA) over 2 years
Hawaii	None
Idaho	40 hours practice relevant to category 1 credit every 2 years
Illinois	150 hours of category 1 or 2 credit per prerenewal period – 60 hours must be obtained through formal, type A CME programs; 90 remaining hours may be obtained through informal, type B CME programs or activities

(continued)

Figure 4 (above and right). Osteopathic physicians should verify the material reported here with their state licensing boards (see appendix, pages 78-81). The information provided in this figure is reported annually to the AOA directly from each state licensing board and is compiled here for the convenience of AOA members. The exact wording provided by the state licensing boards is preserved in this figure where possible. The AOA takes no responsibility for changes to state guidelines made immediately prior to publication or errors in reporting from state licensing boards. Material that is new since the publication of THE JOURNAL'S 2006 Osteopathic Medical Education issue⁶ is indicated in **boldface**. ABMS indicates American Board of Medical Specialties; ACCME, Accreditation Council for Continuing Medical

Education; AMA, American Medical Association; AOA, American Osteopathic Association; CCME, Council on Continuing Medical Education; CME, continuing medical education; HIV/AIDS, human immunodeficiency virus/acquired immunodeficiency syndrome; OSHA, US Department of Labor Occupational Safety and Health Organization. *The District of Columbia has no CME requirements for physicians in continuous practice. †Florida limits the number of CME credit hours osteopathic physicians can obtain from AMA-approved sources to 13. ‡Wyoming added CME requirements for its licensed physicians as of the current 2007-2009 CME cycle. Previously, there were no state CME requirements in Wyoming.

Source: US Osteopathic Licensure Summary, August 2006.³

than those exempted, are required to participate in the CME program and to meet specified CME credit-hour requirements for the 2007-2009 CME cycle. More detailed information regarding CME guidelines for the current cycle is available at the AOA's DO-Online Web site (see http://do-online.osteotech.org/index.cfm?PageID=cme_main).

State CME Requirements

Many state licensing boards believe that CME is an important component in ensuring statewide quality in medical care.

A total of 42 states have established CME requirements for physicians who wish to qualify for relicensure (Figure 4). Readers are encouraged to review *US Osteopathic Licensure Summary* on DO-Online.³ Physician-members who are interested in additional information about state licensing requirements are strongly encouraged to contact their individual state licensing boards (see appendix, pages 78-81).

DO-Online's CME Center

The AOA's online CME center gives physician-members ready

CME Requirements by State (Continued)	
State	CME Requirement(s)
Indiana	None
Iowa	40 hours of category 1 credit (AOA or AMA) biennially, which must include training for identifying and reporting abuse. For licensees who regularly provide primary healthcare to children: 2 hours of training in child abuse identification and reporting in the previous 5 years. For licensees who regularly provide primary healthcare to adults: 2 hours of training in dependent adult abuse identification and reporting in the previous 5 years. For licensees who regularly provide primary healthcare to adults and children, separate courses of 2 hours each as outlined above or a combined 2-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse in the previous 5 years. Fees and CME credits prorated to facilitate renewal process.
Kansas	150 hours of category 1 or 2 credit per 3-year period
Kentucky	60 hours of category 1 or 2 credit over 3 years – 30 hours must be category 1 credit (AOA or AMA); 2 hours must be in the area of HIV/AIDS
Louisiana	20 hours of category 1 credit (AOA or AMA) per year
Maine	100 hours of state board-approved CME credit per 2-year period – 40 hours must be category 1A credit (AOA) for the following practice areas: family practice, family medicine, general practice, and internal medicine; 40 hours of category 1 CME credit in designated specialty area for specialists
Maryland	50 hours of category 1 or 2 credit (AOA or AMA) every 2 years for unlimited license renewal
Massachusetts	100 hours of credit per 2-year period – 40 hours must be category 1 credit (AOA or AMA) and should include 4 hours of category 1 credit and 6 hours of category 2 credit in risk management; remaining 60 hours can be category 2 credit
Michigan	150 hours of credit over 3 years – 60 hours must be AOA category 1 credit; 90 hours must be category 2 credit
Minnesota	75 hours of category 1 credit (AOA or AMA) per 3-year period
Mississippi	40 hours of AOA category 1A credit or AMA category 1 credit biennially
Missouri	25 hours of category 1 credit (AOA or AMA) annually – 20 hours must include a posttest
Montana	None
Nebraska	50 hours category 1 credit (AOA or ACCME) every 2 years
Nevada	35 hours of AOA category 1A credit per year or 35 hours of ACCME category 1 credit per year – 10 hours minimum of category 1 credit
New Hampshire	150 hours of category 1 or 2 credit per 3-year period – 60 hours must be category 1 credit (AOA or AMA)
New Jersey	100 hours of category 1 or 2 credit (AOA or AMA) every 2 years – 20 hours must be category 1 credit
New Mexico	Active membership in AOA or 75 hours of category 1 credit (AOA or AMA) per 3-year period

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access to hundreds of accredited hours of online CME courses. With the help of this new feature, AOA members can search a catalog of online CME activities and quizzes, access and complete those activities and quizzes online, and receive a printable screen certificate immediately after completing the activity. Credits for CME activities completed online are automatically applied to members' online CME activity reports (CARs). However, CARs for the current CME cycle will not be available until credit processing is complete for the 2004-2006 cycle. At publication, the AOA's Division of CME anticipates that CARs will be available for online viewing in April 2007. An announcement will be posted on the AOA's DO-Online

Web site when 2004-2006 CARs are available.

Physician-members can view their current CARs at any time through DO-Online's CME Web site (see <http://www.docmeonline.com>). In addition, CARs from previous CME cycles are archived online for at least 6 full years after the end of a cycle (eg, reports for the 2004-2006 cycle will be archived on the site through 2012). However, only those physicians who are AOA members and registered DO-Online users can review their CARs online.

The AOA has always maintained member CARs as private documents. However, a physician-member can download his or her CAR or request that it be sent via e-mail to a

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CME Requirements by State (Continued)	
State	CME Requirement(s)
New York	None
North Carolina	150 hours of category 1 or 2 credit (AOA or AMA) per 3-year cycle – 60 hours must be category 1 credit
North Dakota	60 hours of category 1 credit (AOA or AMA) per 3-year period
Ohio	100 hours of category 1 or 2 credit over a 2-year period – 40 hours must be AOA category 1 credit
Oklahoma	16 hours of AOA category 1A credit per year – 1 hour must be in the area of proper prescribing of controlled dangerous substances
Oregon	None
Pennsylvania	100 hours of category 1 or 2 credit (AOA or ACCME) every 2 years – 20 hours must be AOA category 1 credit; 12 hours must be in the area of patient safety and/or risk management
Rhode Island	40 hours of category 1 credit per 3-year period – 2 hours must be concerning universal precautions, infection control, modes of transmission, bioterrorism, OSHA, and other regulatory requirements
South Carolina	40 hours of category 1 credit (AOA or AMA) every 2 years
South Dakota	None
Tennessee	50 hours of category 1 credit (AOA or AMA) per 2-year period
Texas	24 hours of category 1 credit (AOA or AMA) per 1-year period – 1 hour must be in the area of ethics and/or professional responsibility
Utah	40 hours of category 1 credit (AOA or ACCME) every 2 years
Vermont	30 hours of category 1 or 2 credit per 2-year period – 12 hours must be category 1 credit
Virginia	60 hours of category 1 or 2 credit within the 2 years immediately preceding renewal – 30 hours must be category 1 credit, 15 hours of which must be earned in a face-to-face, interactive setting
Washington	150 hours of category 1 or 2 credit every 3 years – 60 hours must be category 1 credit
West Virginia	32 hours of category 1 or 2 credit (AOA or state society–approved) – 16 hours must be AOA category 1 credit; 2 hours must be in the area of end-of-life care, including pain management (must present evidence of attendance)
Wisconsin	30 hours of category 1 credit (AOA or AMA) every 2 years prior to registration
Wyoming [‡]	60 hours of AOA category 1 or 2 credit every 3 years – current AMA physician's recognition award – current ABMS certificate from any medical specialty or subspecialty board

Figure 4. Osteopathic physicians should verify the material reported here with their state licensing boards (see appendix, page 78-81). The information provided in this figure is reported annually to the AOA directly from each state licensing board and is compiled here for the convenience of AOA members. The exact wording provided by the state licensing boards is preserved in this figure where possible. The AOA takes no responsibility for changes to state guidelines made immediately prior to publication or errors in reporting from state licensing boards. Material that is new since the publication of *THE JOURNAL'S* 2006 Osteopathic Medical Education issue⁶ is indicated in **boldface**. ABMS indicates American Board of Medical Specialties; ACCME, Accreditation Council for Continuing Medical Education;

AMA, American Medical Association; AOA, American Osteopathic Association; CCME, Council on Continuing Medical Education; CME, continuing medical education; HIV/AIDS, human immunodeficiency virus/acquired immunodeficiency syndrome; OSHA, US Department of Labor Occupational Safety and Health Organization. *The District of Columbia has no CME requirements for physicians in continuous practice. †Florida limits the number of CME credit hours osteopathic physicians can obtain from AMA-approved sources to 13. ‡Wyoming added CME requirements for its licensed physicians as of the current 2007-2009 CME cycle. Previously, there were no state CME requirements in Wyoming.

Source: US Osteopathic Licensure Summary, August 2006³

third party. The AOA releases a member CAR to outside agencies (eg, state licensing boards, hospitals, attorneys, government agencies) only on written request by the physician-member. Through DO-Online, the AOA will continue to maintain the confidentiality of this information, but individual physician-members have the added convenience of

forwarding this information electronically at their discretion.

As of July 2006, the AOA no longer routinely mails CARs to its physician-members. Members who do not have online access are asked to contact the AOA's Division of CME in writing to request an updated CAR, which can be sent by fax, mail, or e-mail.

The CCME continues to believe that all CME activity should be audited. Therefore, physician-members are not allowed to manually enter or update their CME records online. Physician-members should continue to submit their update requests for CME credit directly to the Association's Division of CME.

Physician-members are encouraged to send any correspondence regarding their CARs to the following address: American Osteopathic Association, Attn: Division of CME, 142 E Ontario St, Chicago, IL 60611-2864.

Recent Activities at the AOA

The CCME meets three times annually (ie, January, April, November) to address members' concerns and routine business related to CME programming. In addition, a standing subcommittee of the CCME, the Administrative Committee, meets in July as needed to perform necessary duties of the CCME between the regularly scheduled meetings, including reviewing and taking final action on special consideration requests and reviewing policy items and basic documents prior to submission to the full Committee.

At its July 2006 meeting, the Administrative Committee appointed William Summers Mayo, DO, as the CCME's new chairman. Dr Mayo practices ophthalmology in Oxford, Miss.

In November 2006, Dr Mayo appointed two new subcommittees to research topics of current interest to physician-members, specifically with regard to the potential influence of evidence-based medicine on the practice of medicine through point-of-care options and double CME credit hours for documenting performance improvements. Many point-of-care options currently allow physicians to obtain CME credit hours for consulting sources in evidence-based medicine through handheld computers while caring for patients. Double CME credit may be offered to osteopathic physicians who document performance improvement over time within a private or group medical practice. The new subcommittees are expected to report their findings at the Council's upcoming April meeting.

Osteopathic Specialty Board Certification Guidelines

As noted, osteopathic physicians who wish to maintain specialty board certification through the AOA are required to earn a minimum of 50 credit hours of AOA category 1 or 2 CME credit in their specialty areas during each 3-year CME cycle. In 1999, the Bureau of Professional Education submitted a resolution to establish a mechanism that would allow the AOA to monitor CME activity required for board certification (Resolution 30 [M/1999]—Tracking of CME by Specialty Boards). In April 2002, the Council received and reviewed comments from the AOA specialty colleges regarding how CME hours are applied toward certification requirements. The AOA's Division of CME was then directed to survey the AOA specialty boards regarding their criteria for awarding credit. At the same time, as a result of a lack of formal guide-

lines from the Bureau of Osteopathic Specialists on how to apply earned CME credits toward these specialty requirements, the CCME directed the AOA's Division of CME to stop recording specialty hours in 2002.

In February of that year, the AOA's Division of CME began working in conjunction with all 18 AOA specialty boards to survey them for their input regarding this matter. From 2004 through 2005, a follow-up survey was conducted to ascertain if there was a rough consensus among the specialty boards and specialty societies on the number of credit hours that should be granted for physician participation in various activities and events, including:

- Accreditation Council for Continuing Medical Education courses
- AOA Annual Scientific Seminar and Convention
- AOA specialty college seminars
- AOA state society seminars
- commercial and scientific exhibits
- medical journal reading (home-study course)
- seminars on the following specialized topic areas: acquired immunodeficiency syndrome, medical education (teaching), medical ethics, risk management, standardized (or basic) life support

The AOA's BOT and the Bureau of Osteopathic Specialists instructed the specialty boards to develop "templates" that would specify the academic and professional activities that would allow specialty-board-certified osteopathic physicians to satisfy the existing CME requirements. Within 2 years, the consortium developed basic guidelines that would meet the needs of each member board. In February 2006, the AOA's BOT approved the group's recommended guidelines, which were designed to provide physician-members with a wide variety of options for earning CME credit while also maintaining overall consistency among the specialties (*Figure 5*). *Figure 6* provides a summary of areas of divergence among specialties. For the activities noted in *Figure 6* (ie, AOA specialty college seminars, Accreditation Council for Continuing Medical Education courses, formal teaching, and standardized/basic life support), the maximum number of CME credit hours accepted per 3-year CME cycle must be designated at the beginning of each new CME cycle. The number of credit hours accepted by each member board cannot change within a given cycle.

In August 2006, the AOA entered all approved guidelines into its database. However, some questions remained about the recommendations for "formal teaching," specifically, if student preceptoring would be considered eligible for specialty-board-mandated CME credit hours. The AOA specialty boards were surveyed on this topic in December 2006. In addition, the specialty boards were asked to work alongside their respective colleges to assist in formulating an answer. In January 2007, the CCME discussed this topic in

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Osteopathic Certifying Boards and Specialty Colleges: Summary of Recommendations for CME Templates*	
CME Activity	Credit Hour Limit
■ Academic	
<input type="checkbox"/> AOA Annual Scientific Seminar and Convention	None
<input type="checkbox"/> Scientific exhibit	5
<input type="checkbox"/> Formal teaching	25 or 50 [†]
<input type="checkbox"/> Test construction meeting [‡]	15
<input type="checkbox"/> Publication	15
■ Seminars and coursework	
<input type="checkbox"/> ACCME course [§]	25 or 50 [†]
<input type="checkbox"/> AOA specialty college seminar	25 or 50 [†]
<input type="checkbox"/> AOA state society seminar	25
<input type="checkbox"/> Medical journal reading (home-study course)	20 [¶]
<input type="checkbox"/> Specialized topic areas	
– AIDS	5 [¶]
– Medical ethics	NA
– Risk management	5
– Standardized life support	5 or none [†]
■ Other	
<input type="checkbox"/> Healthcare facility meeting	NA
<input type="checkbox"/> Hospital inspection	NA

Figure 5. The recommendations outlined were made by AOA staff and general counsel. ACCME indicates Accreditation Council for Continuing Medical Education; AIDS, acquired immunodeficiency syndrome; AOA, American Osteopathic Association; NA, not applicable (ie, no credit granted). *All activities must be related to the specialty for CME credit. For some activities, an AOA CME form is required from the specialty board or state society, as applicable, to identify eligible credit hours by specialty. [†]Maximum number of credit hours (ie, 25 or 50) is determined by the individual specialty boards. See Figure 4 and Figure 6 for more information. [‡]No specialty CME credit hours are granted for administering clinical examinations. [§]ACCME courses do not meet the mandatory 30-hour requirement for category 1A CME credit. [¶]Continuing medical education credit is awarded for either AOA- or AMA-sponsored activities.

depth, eventually approving up to 25 credit hours of precepting per CME cycle as applied to physician-members' specialty board requirements. The hours will not be applied to member records for those physicians in specialties whose boards or colleges indicated objections to granting members CME credit for this activity (ie, American Osteopathic Board of Obstetrics and Gynecology, American Osteopathic Board of Ophthalmology and Otolaryngology – Head and Neck Surgery, American Osteopathic Board of Surgery, and American College of Osteopathic Emergency Physicians). This change has been implemented for the current 2007-2009 CME cycle.

Bureau of Osteopathic Specialists: Maximum No. of CME Credit Hours Granted by Activity Type* and Specialty Board			
American Osteopathic Board of...	ACCME Courses	Formal Teaching	Standardized Life Support
Anesthesiology	50	50	16
Dermatology	25	25	5
Emergency Medicine	25	25	16
Family Physicians	25	25	5
Internal Medicine	25	25	5
Neurology and Psychiatry	25	25	5
Neuromusculoskeletal Medicine	20	25	5
Nuclear Medicine [†]	25	25	5
Obstetrics and Gynecology	50	50	5
Ophthalmology and Otolaryngology	50	50	5
Orthopedic Surgery	50	50	5
Pathology	50	50	5
Pediatrics	50	50	16
Physical Medicine and Rehabilitation	25	25	5
Preventive Medicine	50	50	5
Proctology	50	50	16
Radiology	50	50	16
Surgery	50	50	16

Figure 6. The maximum number of credit hours granted for each continuing medical education activity noted were specified in the Bureau of Osteopathic Specialists' "template" responses, approved by the American Osteopathic Association (AOA) Board of Trustees in February 2006. Each specialty board determined these limits in advance of the 2007-2009 CME cycle. ACCME indicates Accreditation Council for Continuing Medical Education; CME, continuing medical education. *All activities must be related to the specialty for CME credit. [†]All of the specialty boards noted have set a maximum number of 50 credit hours for AOA specialty college seminars for the 2007-2009 CME cycle, except for the American Osteopathic Board of Nuclear Medicine, which has limited member credit hours for this activity to 25.

Approved guidelines will receive further review in April 2007 by the CCME, which plans to refer them back to the specialty boards and colleges for additional refinement and clarification.

AOA-Accredited Category 1 CME Sponsors

There are currently 162 AOA-accredited category 1 CME sponsors (Table 1). A list of AOA-accredited category 1 CME sponsors is maintained on DO-Online (see http://do-online.osteotech.org/pdf/cme_sponscat1alist.pdf).

All AOA-accredited category 1 CME sponsors are obligated to meet certain requirements to maintain their accredi-

Table 1
AOA-Accredited Category 1 CME Sponsors (N=162)

Organization	No. (%)
■ Affiliates	
□ Nonpractice (AOA)*	NA
□ Practice (AOA)	1 (<1)
■ Colleges	
□ Colleges of osteopathic medicine (AOA accredited)	19 (12)
– Alumni groups*	NA
□ Specialty (AOA affiliated)*	NA
■ Foundations (AOA affiliated)*	6 (4)
■ Hospitals	53 (33)
■ Military	1 (<1)
■ Philanthropic organizations (AOA affiliated)*	NA
■ Professional associations	1 (<1)
■ Societies	
□ Divisional (AOA affiliated)*	NA
□ Specialty	27 (17)
□ State	54 (33)†

* In 2003, the AOA's Board of Trustees approved a resolution regarding who may apply for recognition as an AOA-accredited category 1 CME sponsor. Applications for sponsorship are currently limited to the organizations indicated.

† The 54 state societies noted include all state societies, county societies, and state district societies (eg, Florida has a state osteopathic medical association, a county association, and separate district societies: Broward County, District 6; District 7; and Southwest, District 11).

Abbreviations: AOA, American Osteopathic Association; CME, continuing medical education; NA, not available.

tation status. On an ongoing schedule, the CCME and AOA staff monitor sponsor compliance (“spot monitoring”) with AOA policies and the CCME-approved Uniform Guidelines for Accrediting Agencies of Continuing Medical Education, which are found in *AOA Accreditation Requirements for Category 1A CME Sponsors*.^{4,5} In addition, AOA staff and the CCME investigate all written complaints or deviations from AOA policy using standard compliance-review procedures.^{4,5}

Since the publication of THE JOURNAL'S 2006 Osteopathic Medical Education issue,⁶ there have been no significant changes made to *AOA Accreditation Requirements for Category 1A CME Sponsors*.^{4,5} However, the Council is planning to make some minor modifications to these guidelines to better align the document with current industry standards.

Category 1A CME Credit for Outcomes Measures

In February, the Council approved a resolution that would

allow physician-members to receive category 1A credit for outcomes measured through programs offered by AOA-accredited category 1 CME sponsors. The resolution (Resolution 19 [M/2007]—AOA Category 1-A CME Credit for Outcomes Measurement for AOA Category 1-A CME Programs) was reviewed and approved by the AOA's BOT at the 2007 Midyear Meeting, which took place February 15 through February 18 in Chicago, Ill:

RESOLVED, that each Category 1-A sponsor may offer up to 3 additional 1-A credits at a ratio of 1-10 for each Category 1-A program in excess of 10 hours in which the participant satisfactorily completes an outcomes questionnaire which has been submitted no earlier than 30 days and no later than 90 days after the final day of CME activity...

This activity will become a part of the standard document survey for AOA category 1 CME sponsors.

National CME Sponsors Conference

The AOA holds an annual conference, the National CME Sponsors Conference, to provide sponsors with up-to-date information regarding the latest requirements for maintaining their CME accreditation status (https://www.do-online.org/?PageID=cme_sponsmain). The National CME Sponsors Conference is also intended to help sponsors understand the rationale of CCME directives, clarify those directives as necessary, and explain the trends and evolution of the CME environment.

The AOA's 13th Annual National CME Sponsors Conference was held Thursday, January 11, 2007, through Saturday, January 13, 2007, at the Capital Hilton in Washington, DC, in conjunction with the 17th Annual Osteopathic Medical Education Leadership Conference. In an effort to align the 2007 conference with the “AOA Greatness Campaign” launched by 2006-2007 AOA President John A. Strosnider, DO, the conference theme was “From Good to Great.”

Seventy-six of the 105 participants in attendance were AOA-accredited category 1 CME sponsors. The keynote address was delivered by Earl J. Reisdorff, MD. Dr Reisdorff is a practicing emergency physician, an associate professor of internal and osteopathic medicine at Michigan State University in Lansing, a published author, and serves as director of medical education at the Ingham Regional Medical Center, also in Lansing.

Conference topics and guest speakers included the following:

- “Specialty CME Reporting – CME Template,” William J. Burke, DO, President, Ohio State Society – American College of Osteopathic Family Physicians (Columbus); Program Director, Doctors Hospital – Ohio Health Inc (Columbus); Member, AOA CCME (Chicago, Ill)
- “How the Regulatory Environment is Impacting the CME Grant-Making Process,” Jason M. Singer, PharmD, Grant

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Associate, Lilly Grant Office, Eli Lilly and Company (Indianapolis, Ind)

- "Perils and Pitfalls of an Online Grant Process," Hong Jin Na, MS, Manager, Hematology/Oncology/Continuous Assessment Professional Education Support, Wyeth (Madison, NJ)
- "The Seven AOA Core Competencies," Gary L. Moorman, DO, Director and Chief Medical Officer, Medical Education, Henry Ford Bi-County Hospital (Warren, Mich)
- "Educational Outcomes Measurement: What's Ahead," Nancy L. Davis, PhD, Director, Division of Continuing Medical Education, American Academy of Family Physicians (Leawood, Kan)
- "Healthcare and Higher Education Issues of the 110th Congress," Congressman Phil English, Member, United States House of Representatives (3rd District of Pennsylvania) (Washington, DC)
- "AOA CME Policy Update," Delores J. Rodgers, BS, Director of CME, American Osteopathic Association (Chicago, Ill)
- "CME on the Internet – Category 1A," Michael J. Zarski, JD, Executive Director, American Osteopathic Information Association (Chicago, Ill)
- "The Role of CME in Maintenance of Certification (MOC)," Janice A. Wachtler, BA, Executive Director, American College of Osteopathic Emergency Physicians (Chicago, Ill)
- "Integrating OPP and OMT Into Your CME Programs," Kenneth H. Johnson, DO, President, American Academy of Osteopathy (Indianapolis, Ind); Staff Physician and Interim Associate Dean for Clinical Affairs, University of New England College of Osteopathic Medicine (Biddeford, Me)
- "Taking the AOA from Good to Great!" Carlo J. DiMarco, DO, Member, AOA BOT (Chicago, Ill); Chairman, AOA Department of Education (Chicago, Ill); and Robert S. Juhasz, DO, Member, AOA BOT (Chicago, Ill); Vice-Chair, AOA Department of Education (Chicago, Ill)

Concerns addressed in networking sessions included:

- proposal for the AOA to develop a Web site or Web log (blog) as a communication tool for use by category 1 CME sponsors
- additional sources of commercial support for CME programming (eg, management groups and banks)
- ways to increase CME program income
- advantages of virtual versus live CME activities and events
- possible penalties for delinquent physicians (eg, revocation of certification and suspension of AOA membership)
- proposal for future meeting between the CCME and all 18 AOA specialty boards
- CME "attendance-getters"—examples were shared of successful joint ventures, handouts, and workshops; topics on coding and billing were also discussed

The AOA's 14th Annual National CME Sponsors Con-

Table 2
AOA Members With a CME Requirement

3-Year Cycle	AOA Members, No.	
	CME Requirement*	Dropped from Membership
1973 to 1976 [†]	NA	NA
1977 to 1979	10,373	239
1980 to 1982	12,050	159
1983 to 1985	11,881	298
1986 to 1988	12,901	43
1989 to 1991	16,093	159
1992 to 1994	16,040	146
1995 to 1997	19,315	214
1998 to 2000	21,383	219
2001 to 2003	23,770	259
2004 to 2006 [‡]	25,964	NA
2007 to 2009	NA	NA

* The number of AOA physician-members who have a CME requirement are those whose state or specialty boards mandate a CME requirement for them to qualify for relicensure.

[†] Numbers are not reported for the 1973-1976 CME cycle because the program was in its testing phase during those years.

[‡] Numbers reported for the 2004-2006 CME cycle are current as of January 29, 2007. Data for the number of Association members dropped from membership for a CME deficiency for the 2004-2006 cycle will not be available until May 31, 2008.

Abbreviations: AOA, American Osteopathic Association; CME, continuing medical education; NA, not available.

ference will be held in Phoenix, Ariz, from Thursday, January 10, 2008, through Sunday, January 12, 2008.

CME Program Trends and Statistics

The Association's CME program continues to develop annually, as does the proportion of physician-members with a CME requirement from their state or specialty boards (*Table 2*). As of January 29, 2007, the number of members with a state- or specialty-board-mandated CME requirement was 25,964. As of September 2005, the AOA reports its membership numbers at 59,000; therefore, approximately 44% of AOA members now have a state-mandated CME requirement.

The type of CME credit recorded by the AOA has changed over time (*Table 3*). Earned category 1A credit in formal, osteopathic CME programs increased steadily but incrementally from 2.5 million CME hours in the 1995-1997 CME cycle to 2.9 million hours in the 2001-2003 CME cycle. However, earned category 1B credit, which is less formal, non-osteopathic CME credit, has experienced more dramatic growth, increasing from 5.7 million hours in the 1995-1997 CME cycle to 8.6 million hours in the 2001-2003 CME cycle.

Table 3
Total Number of CME Credit Hours Recorded (in Millions)
by the AOA for Each 3-Year CME Cycle

3-Year Cycle	CME Credit Category			Total
	1A	1B	2*	
1973 to 1976	1.3	0.1	1.1	2.5
1977 to 1979	1.4	0.8	0.5	2.7
1980 to 1982	1.5	1.3	0.6	3.4
1983 to 1985	1.5	1.4	0.8	3.7
1986 to 1988	1.8	3.0	1.1	5.9
1989 to 1991	2.2	3.7	1.3	7.2
1992 to 1994	2.3	4.1	1.2	7.6
1995 to 1997	2.5	5.7	1.6	9.8
1998 to 2000	3.0	7.3	1.7	12.0
2001 to 2003	2.9	8.6	1.6	13.1
2004 to 2006 [†]	1.9	6.7	5.5	14.1
2007 to 2009	NA	NA	NA	NA

* Numbers reported for CME credit category 2 include all category 2A and category 2B credits recorded.
[†] The total number reported for the 2004-2006 CME cycle is current as of January 3, 2007.

Abbreviations: AOA, American Osteopathic Association; CME, continuing medical education; NA, not available.

The number of osteopathic physicians whose AOA membership was dropped for failure to complete the CME requirement has fluctuated between a high of 298 members in the 1983-1985 CME cycle and a low of 43 members in the 1986-1988 CME cycle (Table 2). Association members are given an 18-month grace period to fulfill requirements from the previous CME cycle. A total of 259 members were dropped from membership on May 31, 2005, for not meeting the 2001-2003 CME requirement. Statistics for the 2004-2006 CME cycle will not be available until May 31, 2008.

Similarly, the total number of CME credits recorded by the AOA has increased considerably during each successive 3-year CME cycle (Table 3). This growth is a reflection of the increasing number of AOA members who have a state- or specialty-board-mandated CME requirement and the steadily increasing average number of CME credits recorded per member.

Funding issues remain a central concern for the survival of osteopathic CME programming. Although pharmaceutical companies are ineligible to become AOA-accredited category 1 CME sponsors (ie, the AOA has never accredited CME programs developed by them), extensive grant-based financial support for CME programming from pharmaceutical and device companies remains a key source of funding for osteopathic CME. It is anticipated that the number of independent

for-profit CME programs will continue to grow, further increasing financial pressures for existing AOA-accredited category 1 CME sponsors. In the future, funding sources for ongoing educational support may derive from a variety of other sources, such as conference sponsors or exhibitors and investment companies or banks.

Comment

The CME landscape is constantly in flux. Faced with an increasing amount of regulatory scrutiny, financial pressure, and technological change, the industry remains dynamic. Because not all grant requests can be funded, commercial supporters are beginning to insist on the use of sophisticated metrics from program administrators—especially as the grant process moves out of the realm of sales and marketing and into the hands of CME specialists.

The CCME continues to be committed to an agenda of progress in CME policies, while at the same time maintaining the high standards for which the AOA is known. The Council continues to study the changing environment of osteopathic medicine, adjusting the Association’s CME program to respond to the needs of the public, physician-members, and the AOA.

References

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2. American Osteopathic Board of Family Physicians. Verification and Maintenance of Certification. 2000. Available at: <http://www.aobfp.org/verification-cert/index.html>. Accessed February 13, 2007.
3. Division of State and Socioeconomic Affairs. *US Osteopathic Licensure Summary, August 2006*. Chicago, Ill: American Osteopathic Association; 2006.
4. Rodgers DJ. AOA continuing medical education [published correction appears in *J Am Osteopath Assoc.* 2004;104:514]. *J Am Osteopath Assoc.* 2004;104:493-502. Available at: <http://www.jaoa.org/cgi/content/full/104/11/493>. Accessed February 13, 2007.
5. Division of Continuing Medical Education. *Accreditation Requirements: Category 1 CME Sponsors*. Chicago, Ill: American Osteopathic Association; 2004. Available at: http://do-online.osteotech.org/pdf/acc_cmespo.pdf. Accessed February 13, 2007.
6. Rodgers DJ. Osteopathic continuing medical education [published correction appears in *J Am Osteopath Assoc.* 2006;106:687]. *J Am Osteopath Assoc.* 2006;106:85-95. Available at: <http://www.jaoa.org/cgi/content/full/106/2/85>. Accessed February 13, 2007.
7. Division of Continuing Medical Education. *Continuing Medical Education Guide, 2007-2009: Guide for Osteopathic Physicians, December 2006*. Chicago, Ill: American Osteopathic Association; 2006. Available at: http://www.do-online.osteotech.org/pdf/cme_guidemain07-09.pdf. Accessed February 7, 2007.

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Appendix

The state licensing board information presented in this appendix is taken directly from the Division of State and Socioeconomic Affairs' US Osteopathic Licensure Summary, September 2006,³ and is provided for the convenience of members of the American Osteopathic Association (AOA). Readers are encouraged to confirm mailing addresses before sending personal materials to state licensing boards.

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STATE REQUIREMENTS

Alabama

Alabama Board of Medical Examiners
Jackie Baskin, Director of Licensure, PO Box 946,
Montgomery, AL 36101-0946
(334) 242-4116
<http://www.albme.org/>

Alaska

State Medical Board
Linda Sherwood, Licensing Examiner, Division
of Corporations, Business and Professional Licensing,
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2541
<http://www.commerce.state.ak.us/occ/pmed.htm>

Arizona

Arizona Board of Osteopathic Examiners
in Medicine and Surgery
Jack Confer, Executive Director, 9535 E. Doubletree
Ranch Rd, Scottsdale, AZ 85258-5539
(480) 657-7703
<http://www.azosteoboard.org/>

Arkansas

Arkansas State Medical Board
Peggy Pryor Cryer, Executive Secretary,
2100 Riverfront Dr, Little Rock, AR 72202-1747
(501) 296-1802
<http://www.armedicalboard.org/>

California

Osteopathic Medical Board of California
Donald L. Krpan, DO, Executive Director, 2720 Gateway
Oaks Dr, Suite 350, Sacramento, CA 95833-4304
(916) 263-3100
<http://www.ombc.ca.gov/>

Colorado

Colorado Board of Medical Examiners
Cheryl Hara, Program Director,
1560 Broadway, Suite 1300, Denver, CO 80202-6000
(303) 894-7690
<http://www.dora.state.co.us/medical/>

Connecticut

Connecticut Department of Public Health
Stephen Carragher, Health Program Supervisor,
Connecticut Medical Examining Board, 410 Capitol Ave,
12 APP, Hartford, CT 06134-0308
(860) 509-7590
<http://www.dph.state.ct.us/>

Delaware

Delaware Board of Medical Practice
Gayle Franzolino, Executive Director, Cannon Building,
861 Silver Lake Blvd, Suite 203, Dover, DE 19904-2467
(302) 744-4520
<http://www.dpr.delaware.gov/>

District of Columbia

District of Columbia Board of Medicine
James Granger, Jr, Executive Director, 717 14th St NW,
Suite 600, Washington, DC 20005-3200
(202) 724-4900

Florida

Florida Board of Osteopathic Medicine
Pamela King, Executive Director, 4052 Bald Cypress Way,
Bin #C-06, Tallahassee, FL 32399-3256
(850) 245-4161
<http://www.doh.state.fl.us/mqa/osteopath/>

Georgia

Composite State Board of Medical Examiners
LaSharn Hughes, Executive Director, 2 Peachtree St NW,
36th Fl, Atlanta, GA 30303-3181
(404) 656-3913
<http://www.medicalboard.state.ga.us>

Hawaii

Hawaii Board of Medical Examiners
Constance Cabral-Makanani, Executive Director, 335
Merchant St, Room 301, Honolulu, HI 96813-2942
(808) 586-3000
<http://www.hawaii.gov/dcca/areas/pvl/boards/medical>

Idaho

Idaho Board of Medicine
Nancy Kerr, Executive Director, PO Box 83720, Boise, ID
83720-0058
(208) 327-7000
<http://www.bom.state.id.us/>

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Appendix (Continued)

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STATE REQUIREMENTS

Illinois

Illinois Department of Financial and Professional Regulation
Daniel Bluthardt, Acting Director, Attention: Med-1,
320 W. Washington St, 3rd Fl, Springfield, IL 62786-0002
(217) 785-0800
<http://www.idfpr.com/>

Indiana

Medical Licensing Board of Indiana
Michael Rinebold, Executive Board Director,
402 W. Washington St, Room 066,
Indianapolis, IN 46204-2298
(317) 234-2060
<http://www.in.gov/pla/bandc/mlbi/>

Iowa

Iowa Board of Medical Examiners
Ann Mowery, PhD, Executive Director, 400 SW 8th St,
Suite C, Des Moines, IA, 50309-4686
(515) 281-5171
http://www.docboard.org/ia/ia_home.htm

Kansas

Kansas State Board of Healing Arts
Larry Buening, Jr, Executive Director, 235 SW Topeka Blvd,
Topeka, KS 66603-3068
(888) 886-7205
<http://www.ksbha.org/>

Kentucky

Kentucky Board of Medical Licensure
C. William Schmidt, Executive Director,
310 Whittington Pkwy, Suite 1B, Louisville, KY 40222-4916
(502) 429-8046
<http://www.kbml.ky.gov/>

Louisiana

Louisiana State Board of Medical Examiners
Robert Marier, MD, MHA, Executive Director,
630 Camp St, New Orleans, LA 70130-3424
(504) 524-6763
<http://www.lsbme.louisiana.gov/>

Maine

Maine Board of Osteopathic Licensure
Susan E. Strout, Executive Secretary, 142 State House Sta,
Augusta, ME 04333-0142
(207) 287-2480
<http://www.maine.gov/osteo/>

Maryland

Maryland Board of Physicians
C. Irving Pindar, Executive Director, 4201 Patterson Ave,
Baltimore, MD 21215-2222
(800) 492-6836
<http://www.mbp.state.md.us/>

Massachusetts

Commonwealth of Massachusetts Board of Registration in Medicine
Rose Foss, Director of Licensing, 560 Harrison Ave,
Suite G-4, Boston, MA 02118-2436
(617) 617-9800
<http://www.massmedboard.org/>

Michigan

Michigan Board of Osteopathic Medicine and Surgery
Patty Marsh, Processor, PO Box 30670,
Lansing, MI 48909-8170
(517) 335-0918
<http://www.michigan.gov/healthlicense>

Minnesota

Minnesota Board of Medical Practice
Robert A. Leach, JD, Executive Director,
2829 University Ave SE, Suite 500, St Paul, MN 55414-3246
(612) 617-2130
<http://www.bmp.state.mn.us>

Mississippi

Mississippi State Board of Medical Licensure
Mallan G. Morgan, MD, Executive Director,
1867 Crane Ridge Dr, Suite 200B, Jackson, MS 39216-4910
(601) 987-3079
<http://www.msbsml.state.ms.us/>

Missouri

Missouri State Board of Registration for the Healing Arts
Tina Steinman, Executive Director, PO Box 4,
Jefferson City, MO 65102-0004
(573) 751-0098
<http://www.pr.mo.gov/>

Montana

Montana Board of Medical Examiners
Department of Labor and Industry, Business Standards
Division, Jeannie Worsech, Executive Director,
PO Box 200513, 301 S. Park, 4th Fl,
Helena, MT 59620-0513
(406) 841-2364
<http://www.medicalboard.mt.gov>

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Appendix (Continued)

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STATE REQUIREMENTS

Nebraska

Nebraska State Board of Examiners in Medicine and Surgery,
Becky Wisell, Executive Director, PO Box 94986,
Lincoln, NE 68509-4986
(402) 471-2118
<http://www.hhs.state.ne.us/>

Nevada

Nevada State Board of Osteopathic Medicine
Larry J. Tarno, DO, Executive Director, 2860 E. Flamingo Rd, Suite D, Las Vegas, NV 89121-5270
(702) 732-2147, extension 223
<http://www.osteo.state.nv.us/board.htm>

New Hampshire

New Hampshire State Board of Medicine
Penny Taylor, Administrator, 2 Industrial Park Dr, Suite 8,
Concord, NH 03301-8525
(603) 271-1203
<http://www.nh.gov/medicine/>

New Jersey

State Board of Medical Examiners
William V. Roeder, JD, Executive Director, PO Box 183
Trenton, NJ 08625-0183
(609) 826-7100
<http://www.state.nj.us/lps/ca/bme/medinfo.htm>

New Mexico

Osteopathic Examiners Board
Tom G. Lindsey, II, DO, Chairman, 2550 Cerrillos Rd,
Santa Fe, NM 87505-3260
(505) 476-4695
<http://www.rld.state.nm.us/b&c/osteo/index.htm>

New York

New York State Board for Medicine
Thomas J. Monahan, Executive Secretary,
89 Washington Ave, 2nd Fl, West Wing,
Albany, NY 12230-0001, Attn: Medical Processing Unit
(518) 474-3817, extension 260
<http://www.op.nysed.gov/med.htm>

North Carolina

North Carolina Medical Board
R. David Henderson, Executive Director, PO Box 20007,
Raleigh, NC 27619-0007
(800) 253-9653
<http://www.ncmedboard.org/>

North Dakota

North Dakota State Board of Medical Examiners
Rolf P. Sletten, JD, Executive Secretary/Treasurer,
City Center Plaza, 418 E. Broadway Ave, Suite 12,
Bismarck, ND 58501-4086
(701) 328-6500
<http://www.ndbomex.com/>

Ohio

State Medical Board of Ohio
Richard A. Whitehouse, Esq, Executive Director,
77 S High St, 17th Fl, Columbus, OH 43215-6127
(614) 466-3934
<http://www.med.ohio.gov/>

Oklahoma

Board of Osteopathic Examiners – State of Oklahoma
Gary R. Clark, Executive Director, 4848 N. Lincoln Blvd,
Suite 100, Oklahoma City, OK 73105-3321
(405) 528-8625
<http://www.docboard.org/ok/ok.htm>

Oregon

Board of Medical Examiners
Kathleen Haley, JD, Executive Director, 1500 SW 1st Ave,
Suite 620, Portland, OR 97201-5826
(503) 229-5770
<http://www.oregon.gov/BME/>

Pennsylvania

State Board of Osteopathic Medicine
Gina Bittner, Administrator, PO Box 2649,
Harrisburg, PA 17105-2649
(717) 783-4858
<http://www.dos.state.pa.us/ost>

Rhode Island

Board of Medical Licensure and Discipline
Robert S. Crausman, MD, MMS, Chief Administrative
Officer, 3 Capitol Hill, Room 205,
Providence, RI 02908-5097
(401) 222-2231
<http://www.health.ri.gov/hsr/bmld/>

South Carolina

South Carolina Board of Medical Examiners
Bruce F. Duke, Board Administrator, PO Box 11289,
Columbia, SC 29211-1289
(803) 896-4500
<http://www.llr.state.sc.us/POL/Medical/>

(continued)

Appendix (Continued)

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STATE REQUIREMENTS

South Dakota

South Dakota Board of Medical and Osteopathic Examiners
L. Paul Jensen, Executive Secretary, 123 S Main St, Suite 100, Sioux Falls, SD 57104-6430
(605) 367-7781
<http://www.state.sd.us/doh/medical/>

Tennessee

Tennessee Board of Osteopathic Examination
Rosemarie Otto, Director, Cordell Hull Building, 425 Fifth Ave N, 1st Fl, Nashville, TN 37247-1010
(800) 778-4123, extension 24384
<http://www.state.tn.us/health>

Texas

Texas Medical Board
Donald Patrick, MD, JD, Executive Director, PO Box 2018, Austin, TX 78768-2018
(512) 305-7010
<http://www.tmb.state.tx.us/>

Utah

Utah Division of Occupational and Professional Licensing
Diana Baker, Bureau Manager, PO Box 146741, Salt Lake City, UT 84114-6741
(801) 530-6628
http://www.dopl.utah.gov/licensing/osteopathic_physician.html

Vermont

Board of Osteopathic Physicians & Surgeons,
Secretary of State's Office
Kara Sanborn, Staff Secretary, 26 Terrace St, Montpelier, VT 05609-1101
(802) 828-1134
<http://www.vtprofessionals.org/osteopaths>

Virginia

Virginia Board of Medicine
William L. Harp, MD, Executive Director, 6603 W Broad St, 5th Fl, Richmond, VA 23230-1712
(804) 662-9908
<http://www.dhp.virginia.gov/medicine/>

Washington

Board of Osteopathic Medicine and Surgery
Arlene Robertson, Program Manager III, PO Box 47866, Olympia, WA 98504-7866
(360) 236-4945
<https://fortress.wa.gov/doh/hpqa1/hps7/Osteopath/default.htm>

West Virginia

West Virginia Board of Osteopathy
Christopher D. Winters, Executive Director, 334 Penco Rd, Weirton, WV 26062-3813
(304) 723-4638
<http://www.wvbdosteo.org/>

Wisconsin

Wisconsin Medical Examining Board
Tom Ryan, Bureau Director, PO Box 8935, Madison, WI 53708-8935
(608) 266-2811
<http://drl.wi.gov>

Wyoming

Wyoming Board of Medicine
Carole Shotwell, Executive Secretary, Colony Building, 2nd Fl, 211 W 19th St, Cheyenne, WY 82002-0001
(307) 778-7053
<http://wyomedboard.state.wy.us/>

US TERRITORIES

Guam

Guam Board of Medical Examiners
Peter John D. Camacho, MPH, Director, Health Professional Licensing Office, PO Box 2816, Hagatna, GU 96932-2816
(671) 735-7399
<http://www.dphss.govguam.net>

Puerto Rico

Board of Medical Examiners of Puerto Rico
Ivonne Fernandez, Executive Director, PO Box 13969, San Juan, PR 00908-3969
(787) 782-8949

Virgin Islands

Virgin Islands Board of Medical Examiners
Lydia Scott, Executive Assistant, Virgin Islands Department of Health, 48 Sugar Estate, St Thomas, VI 00802
(340) 774-0117, extension 5074