

CME REPORTING FORM

This form must be completed for credits to be issued.

AOA/AMA Number: 141491 Reporting Year: 2020 Date: 7/28/2020

Name: McCarthy Heather C DO
(Last Name) (First Name) (Middle Initial) (Degree)

Hospital/Office Name: NSU-KPCOM

Hospital/Office Address: 3200 S. University Drive
Ft Lauderdale, FL 33328

Telephone: (305) 903-6165 Fax Number: _____

Email Address: heatherc@nova.edu

CME Credit Type (select one): ☒ A1 Lecturing (Classroom) ☐ B1 Precepting (Clinical)

Teaching Status: 1st Teaching

Levels of Teaching:

☒ Course Lecturer

☒ First and Second Year Students

☐ Hospital Preceptor

☒ Third and Fourth Year Students

☐ Office-based Preceptor

☐ Interns/Residents/Fellows

☐ Resident

Hours of Teaching:

No. of CME hours January - June: 31

No. of CME hours July - December: _____

No. of Students: 24

No. of Students: _____

HCM McCarthy DO/MD
Physician's Signature

Family Practice
Specialty

By signing this form, I attest that the information I have provided on this form is correct. For Osteopathic physicians, a maximum of 60 hours of AOA category 1-B for precepting may be applied to the 120-hour requirement. Faculty from other professions please refer to your professional organizations. The KPCOM will submit hours to the AOA only, all other preceptors will receive a letter which they may then submit to their governing body.

Return completed form to: kpcomcred@nova.edu, or fax to (954) 262-2250, or via US mail to:
Nova Southeastern University
Dr. Kiran C. Patel College of Osteopathic Medicine
3200 S. University Drive, Ft. Lauderdale, FL 33328
Attn: Faculty Credentialing Office