

Self Reporting for Category 2B Credit

CONTINUING MEDICAL EDUCATION CERTIFICATION OF CREDIT

First Name _____ Middle Initial _____ Last Name _____

Address/City/State _____

Phone Number _____ Email Address: _____

AOA Number _____

Activity: **AOAO 2022 Annual Fall Meeting, On Demand**

I certify that I am claiming the number of hours I actually spent viewing the educational activity.

2B Credits claimed: _____

Signature _____

Credits are calculated as follows:

Length of Activity in Minutes	Credits
10-23 (minutes)	0.25
24-37	0.50
38-52	0.75
53.69	1.00