



ABPS CME SUMMARY FORM FOR 20_____

Please use a separate form for each year.

This summary sheet is designed to help you organize the CME documentation required for recertification. List all CME activities in the form provided below. All ABPS specialties require completion of a minimum number of hours "In Specialty" and Self-Assessment Questions for recertification. To aid the review of your materials, check the "In Spec" column for all CME activities you are claiming as "In Specialty" and indicate how many self-assessment questions were completed, if applicable.

MONTH	CME HOURS	ACTIVITY and/or SPONSORING ORGANIZATION	IN SPEC	# S-A ITEMS

CME documentation MUST be attached for all claimed hours. Undocumented hours will not be counted.

Your Name _____

Total Hours Claimed for this Year _____