

**THE NEW HAMPSHIRE MEDICAL SOCIETY**  
(ON BEHALF OF THE NEW HAMPSHIRE BOARD OF MEDICINE)  
**7 NORTH STATE STREET**  
**CONCORD, NH 03301-4018**  
**CONTINUING MEDICAL EDUCATION**  
**BIENNIAL REPORTING FORM**

Please report for calendar years:

[ \_\_\_\_\_ ]

Pursuant to RSA 329:16-f, I, any change in address must also be reported to the NH Board of Medicine at:  
[patricia.taylor@nh.gov](mailto:patricia.taylor@nh.gov)

**Please note change of mailing address here:**

Home or  Business Address

Street, RR, PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

NH Medical License Number \_\_\_\_\_

**AS A CONDITION OF RELICENSURE, ALL PHYSICIANS MUST REPORT BIENNIALY THE TYPE AND AMOUNT OF CONTINUING MEDICAL EDUCATION CREDIT OBTAINED WITHIN THE CYCLE.**

**INSTRUCTIONS**

The New Hampshire Medical Society is responsible for collecting, maintaining, auditing and reporting CME credits for all physicians. Questions concerning CME requirements and reporting should be referred to the CME Coordinator (603-224-1909 or in NH 1-800-564-1909).

OFFICIAL DOCUMENTATION must be submitted for all Category 1 and 2 credits claimed on this report.

**FEE INFORMATION: A PROCESSING FEE OF \$35.00 PAYABLE TO "CME COORDINATOR" IS TO BE SUBMITTED WITH THIS REPORT.**

**RETURN THIS COMPLETED REPORT WITH DOCUMENTATION AND FEE BY FEBRUARY 28 TO:**

**NH MEDICAL SOCIETY  
CME COORDINATOR  
7 NORTH STATE STREET  
CONCORD, NH 03301-4018**

I am enclosing payment and appropriate documentation. I hereby certify that the information provided is correct.

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
DATE

**Report of Continuing Medical Education for Renewal of License**

To retain your New Hampshire Medical License, the law requires proof of Continuing Medical Education. You must report, biennially, the category and number of hours of CME credit obtained within the two-year cycle.

CME requirements shall be 100 hours of approved CME every two years; a minimum of 40 must be Category 1 and the remaining 60 or fewer in Category 2. **PLEASE SEE ATTACHED NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES, Med 402, PERTAINING TO THE REQUIREMENTS OF CATEGORY 1 AND CATEGORY 2 CONTINUING MEDICAL EDUCATION.**

There is no minimum number of credits to be reported each year, however, **BIENNIAL REPORTING IS REQUIRED**, and the full requirement must be met by the end of the two-year cycle.

**COPIES OF OFFICIAL DOCUMENTATION FOR ALL CATEGORY 1 CREDIT  
LISTED BELOW MUST ACCOMPANY THIS REPORT.**

Accredited Sponsor or Co-Sponsor	Headquarters office of Accredited Sponsor		Description of Learning Activity (Title of course, seminar, CME intermittent program, field of medicine, etc.)	Inclusive date of Attendance	Hours of Category 1 credit claimed
	City	State			

Total number of credit hours in Category 1 \_\_\_\_\_  
(minimum of 40 for the two-year cycle)

If more space is required, please list on a separate sheet.

**TO SAVE A STEP IN REPORTING:**  
 Transcripts or computer printouts that have CME the same years as your 2 year reporting cycle are preferred as valid documentation instead of enclosing each Category 1 certificate, i.e. computer printouts/transcripts from APA, ACOG, AAFP, AAP, AUA, AAO, AOA, etc. Your Category 2 hours will also be considered via the transcripts.

**Category 2:** Please provide official documentation wherever possible.

**CME Activities with Non-Accredited Sponsorship:** full name of organizational sponsor or co-sponsor, sponsor's headquarters office address, program title or description of content and inclusive dates of attendance.

**Medical Teaching:** type of education, subject, institution, address, and inclusive dates.\*

**Papers, Publications, Books and Exhibits:** title of paper and/or journal, and date of publication.\*

**Non-supervised CME:** type of material or activity, title, sponsor, and inclusive dates.

\*Limited exceptions as described in AMA PRA credit system of direct credit. A maximum number of direct CME will be allowed as *Category 1 Credit*: five hours for teaching at live activities or poster presentations, and ten hours for publications printed.

Activity Description	Hours

Total number of credit hours in Category 2 \_\_\_\_\_  
(maximum of 60 for the two-year cycle)

If more space is required, please list on a separate sheet.

**NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES FOR PHYSICIANS LICENSED IN NEW HAMPSHIRE:**

PART Med 402 CONTINUING MEDICAL EDUCATION

Med 402.01 Continuing Medical Education.

(a) All licensed physicians shall complete 100 hours of approved continuing medical education (CME) requirements every 2 years, 40 hours of which shall be in Category I, and no more than 60 credit hours of which shall be in Category II.

(b) Category I courses shall be those courses or activities which satisfy the current requirements of the American Medical Association's Physician's Recognition Award program (PRA), as set forth in the AMA's current PRA bulletin, or which are fully equivalent to these requirements and satisfy the CME requirements of the New Hampshire Osteopathic Association. Such courses shall be considered approved for purposes of Med 402.

(c) Licensees shall be responsible for acquainting themselves with the requirements of the PRA program or the New Hampshire Osteopathic Association, and may obtain a copy of the AMA's PRA bulletin by contacting the:

American Medical Association  
515 N. State Street  
Chicago, Illinois 60610  
Telephone Number (312) 464-4677.

(d) Licensees who were previously licensed in another state may continue to take continuing medical education courses in accordance with a previously established PRA renewal cycle.

(e) Each year of full-time training in a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), each accredited fellowship taken in the United States shall be awarded 50 Category I CME credit hours.

(f) Completion of a degree in a medically-related field shall be awarded 25 Category I credit hours as stated on official documentation.

(g) Passage of an American Specialty Board examination, whether for initial eligibility or for recertification, shall be accepted as the equivalent of 100 category I CME credit hours.

(h) Annual Certificates of Competency/Recertification exams shall be awarded credits as stated on official documentation.

(i) Licensees who show proof of being up to date on a program of maintenance of certification by the physician's specialty organization, deemed adequate by the board, shall be considered to have completed their continuing medical education requirement for the preceding 2 years.

(j) Category II credit hours shall be awarded on the basis of actual time spent on the educational aspects of the course or activity.

(k) Category II CME courses shall include the following courses and activities;

- (1) CME lectures and seminars not designated as Category I;
- (2) Time spent teaching medical courses to practicing physicians, residents, physician assistants, physician assistant students, preceptees, medical students or allied health professionals;
- (3) Presentation or publication of a scientific paper to a medical audience or in a medical journal;
- (4) Unsupervised learning activities of the type described in Med 402.01(l); and
- (5) Meritorious learning experiences which provide a unique educational benefit to a licensee and meet the requirements of Med 402.01(m).

(l) Allowable non-supervised Category II CME activities shall include:

- (1) Self-instruction, including journal reading and the use of television and other audiovisual materials;
- (2) The education a physician received from a consultant;
- (3) Participation in programs concerned with review and evaluation of patient care;
- (4) Time spent in a self-assessment examination, not including examinations and quizzes published in journals.

(m) Meritorious learning experiences for which Category II CME credit hours shall be awarded shall be documented by a narrative report demonstrating the presence of the following features:

- (1) The educational need served by the activity;
- (2) A description of the activity, including the educational content and the manner in which the learning occurred;
- (3) The time spent on the project, itemized to show the total time spent and the time spent on the direct educational aspects of the project for which CME credit is claimed; and
- (4) The number of credit hours claimed, which number shall not exceed the number of full hours actually spent on the direct educational aspects of the project and shall exclude transportation to and other preliminary time expended.

(n) A licensee may claim 10 Category II CME credit hours for the presentation or publication of a scientific paper as of the date of the publication or presentation, and one CME credit hour for each full hour of actual participation in courses or activities recognized in Med 402.01(k)(1), (2) or (4), upon successful completion of the course or activity.