

**Georgia Composite Medical Board
Volunteer in Health Care Continuing Education
Reporting Form**

Rule 360-15-.01 (3) In meeting the continuing education requirements, the Board will waive one hour CME requirement for physicians for each four hours of documented work by the physician in uncompensated health care services, such as free clinics, up to a maximum of ten CME hours per biennium. **In order to receive the waiver, the physician shall submit to the Board documentation of such work at the time of renewal.**

Physician Name: _____ **GA License Number:** _____

Clinic or Other Uncompensated Health Care Services

Name: _____

Address: _____

Phone Number: _____

Medical Director: _____

Dates Worked _____ **Total Hours worked:** _____

Please document total number of hours worked during this time period.

This is to certify that I have worked at the above referenced volunteer clinic for the hours noted above.

Signature

Date

Medical/Clinic Director's Signature

Date

Please return this form at the time of renewal to:

Renewal Department
Georgia Composite Medical Board
2 Peachtree Street, NW, 36th Floor
Atlanta, GA 30303