

**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, 36<sup>th</sup> Floor  
Atlanta, GA 30303