

TOURO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE — CALIFORNIA

DECLARATION OF FACULTY PARTICIPATION IN DIDACTIC LECTURING

Today's Date:	
Semester and Year:	
Name and Degree	
AOA Number	
Licensure Number and State	
Telephone Number	
E-mail Address (required)	
above has participated in the formal train Medicine— California and is eligible for Cate	thic Medicine—California osteopathic physician faculty member listed ing of medical students at Touro University College of Osteopathic egory 1-A credit hours as follows:
Course 1	
Course Title	
Total Teaching Hours	
Course 2	
Course Title	
Total Teaching Hours	
Course 3	
Course Title	
Total Teaching Hours	
Course 4	
Course Title	
Total Teaching Hours	

D.O. Physicians: Once received, a signed certificate for Category 1-A credits will be e-mailed to you for your files, along with confirmation that the credit hours have been reported to the AOA.

 $\underline{M.D.}$ physicians: The American Medical Association does not recognize teaching medical students as eligible for AMA PRA Category 1 CreditTM. A certificate of participation will be issued upon request by the faculty M.D. physician.