



## CONTINUING MEDICAL EDUCATION LOG

*Physician Requirement: 100 credits per renewal period; at least 40 credits must be earned in Category 1.  
Applicants should upload CME documentation during the application process on eLicense.ohio.gov.*

Full Name: \_\_\_\_\_  
Last First Middle Suffix (Jr., II)

Current Address: \_\_\_\_\_  
Number/Street City State Zip Code

Email: \_\_\_\_\_ License Type: \_\_\_\_\_

I certify the following to be true and correct:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Sponsor	Location (City & State)	Course Description	Date(s)	Credit Hours Claimed	Category 1? Mark Y for Yes and attach supporting documentation



Name of Sponsor	Location (City & State)	Course Description	Date(s)	Credit Hours Claimed	Category 1? Mark Y for Yes and attach supporting documentation