

NATIONAL BOARD FOR CERTIFICATION OF ORTHOPEDIC PHYSICIAN ASSISTANTS

6300 N. River Road, Suite 727, Rosemont, IL, 60018-4226
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You are due to recertify. Deadline for submission of CME's will be October 1st of the expiring year. If CME's are received after October 1st, a \$100 late fee will be assessed. The fee for ASOPA Members is \$2.00 per CME hour. For non-members, the fee is \$5.00 per CME hour.

Category	Course	Place	Date	Hours Attended

Total Number of Hours _____

When applying for CME credits, a signed official NBCOPA CME Study Record indicating the total number of CME hours must accompany the fees. Make all checks payable to the NBCOPA CME Committee.

It will speed up the re-certification process, if you send copies of the CME Certificates and/or on-line CME credit reports.

Date _____ Member ASOPA (circle) Yes / No

NBCOPA Number _____ Date of Original Cert. _____ Date of Recert. _____

Applicant's Full Name (print) _____

Applicant's Signature _____

Applicant's Mailing Address _____

Phone: () _____ Email: _____

Employer (i.e. Corp., CI, Hosp., Phys., etc.) _____

Employer Address: _____

Phone: () _____ Ext. _____ Fax: () _____