

**Ohio Osteopathic Foundation**

**CME Program Fee Calculation Form**

Title of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Co-Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make check payable to the Ohio Osteopathic Foundation

Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_

CME hours reported :\_\_\_\_\_\_\_\_ x $.50/hour reported + $50/program fee=$\_\_\_\_\_\_\_\_\_ total

Total submitted: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Mail this form with a copy of the final program agenda, roster of attendance including AOA number and number of hours per attendee, attestation documents, and a check to the:

Ohio Osteopathic Foundation

PO Box 8130

Columbus, OH 43201

The OOF’s CME co-sponsors are responsible providing all requisite program documentation and fees.