

## Category 5

- Nonsupervised education
- Self-assessment (Documentation: Licensee's signed statement describing multimedia program)
- Self-instruction (Documentation: Licensee's signed statement describing materials read)
- Quality Care or Utilization Review (Documentation: Letter from a hospital administrator)
- Maximum credit of 18 hours per category. Maximum credit hours of 36 hours in 3 years

ACTIVITY \_\_\_\_\_ Date \_\_\_\_\_ Cr. hrs. \_\_\_\_\_ / \_\_\_\_\_

ACTIVITY \_\_\_\_\_ Date \_\_\_\_\_ Cr. hrs. \_\_\_\_\_ / \_\_\_\_\_

ACTIVITY \_\_\_\_\_ Date \_\_\_\_\_ Cr. hrs. \_\_\_\_\_ / \_\_\_\_\_

TOTAL \_\_\_\_\_

## Category 6

- Full-time participation in graduate training program of at least five full months per year in which credit is claimed
- Documentation: letter from program director
- Maximum credit hours: 50 per year

PROGRAM SITE \_\_\_\_\_ Date \_\_\_\_\_ Cr. hrs. \_\_\_\_\_ / \_\_\_\_\_

Program Dates \_\_\_\_\_

TOTAL \_\_\_\_\_

### If you are audited, you must produce documentation for all categories.

(Submission of this folder does not meet relicensure requirements.)

### Continuing Medical Education Rules Information

All requests for complete copies of the CME rules for Michigan licensees and additional information should be directed in writing to:

Michigan Bureau of Health Professions, Health Licensing Credentials Unit  
611 W. Ottawa St. • PO Box 30670 • Lansing, MI 48909  
517-335-0930\*

\*NOTE: The following instructions will assist you with the automated telephone system.

- 1) At the first prompt, press 1.
  - 2) At the second prompt, press 2.
  - 3) At the third prompt, press 4.
  - 4) At the fourth prompt, press 3.
- You will be directed to a customer service representative.

The Board may deny a request for approval of activities for CME credit whenever it appears that the request fails to demonstrate compliance with the legislative intent to further educate licensees on subjects related to the practice of medicine.

**For additional copies, there will be a \$1.00 charge per folder.**

### Summary of CME Credit

	2007	2008	2009
Category 1	_____	_____	_____
Category 2	_____	_____	_____
Category 3	_____	_____	_____
Category 4	_____	_____	_____
Category 5	_____	_____	_____
Category 6	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____

# Michigan State Medical Society

## 2009 Physicians' CME Record-Keeping Folder

MSMS, in cooperation with the Michigan Board of Medicine, has developed this *Medigram* insert to help physicians understand state CME rules and to keep their records of attendance. It is physicians' own responsibility to keep evidence of their CME activities for six years, in the event they are audited through the Board of Medicine.

Every three years, all Michigan physicians must renew their licenses and certify compliance with state continuing medical education laws by submission of the renewal application for licensure renewal. This is done on a rotating basis so that one-third of physicians renew and recertify each year.

Each physician is required to complete 150 hours of continuing medical education in courses or programs approved by the Michigan Board of Medicine, of which not less than 50%, or 75 hours, of the required 150 hours must be earned in courses or programs designated as either Category 1 accredited or Category 6 (residency) programs.

If you are among the one-third of physicians who must renew, you should receive your renewal application from the Michigan Board of Medicine by the first of the year. If you do not receive a renewal application by mail, notify the Board immediately.

It is physicians' responsibility to keep CME records in the same manner in which they keep Internal Revenue Service Data (a minimum of 6 years). Sponsors keep records of their CME activities, but only to substantiate physicians' claims of participation. The Board of Medicine audits the CME activities of a random sampling of physicians each year. Physicians should not send CME documentation to the Board of Medicine unless requested to do so. Please do not submit CME documentation to Michigan State Medical Society.



The following are some frequently asked CME questions and their answers.

#### Q. Do I need to renew my license this year?

A. If you did not get a renewal application from the Board of Medicine, probably not. To determine whether it is your turn to renew, check the expiration date of your current medical license. If you must call the Board, be prepared to provide Board staff with your license number.

#### Q. When is the CME year?

A. February 1 to January 31.

#### Q. If I am audited, what kind of evidence will be sufficient for the auditors?

A. Evidence for Category 1 includes certificates of attendance, or letters from the accredited sponsors. Letters or copies of published materials are sufficient documentation for all other categories. Inability to provide evidence of completing the continuing education requirement is a violation of the Public Health Code. Licensing sanctions available to the Board of Medicine for such a violation include reprimand, probation, denial, suspension, revocation, limitation, restitution, or fine. The best way to keep the evidence is in a folder carefully organized year by year, such as this folder.

#### Q. I understand that specialty board certification or recertification earns me 50 hours of Category 1 credit. But when does it apply?

A. You have to report your certification or recertification in the year you are notified, and it applies in that year.

#### Q. I am a physician licensed in a state that does not require CME for relicensure. Is it possible for me to obtain a medical license

#### in Michigan without completing the CME requirement?

A. Only an initial medical license in Michigan may be obtained without completing the CME requirement. To renew your Michigan license you must fulfill the CME requirement.

#### Q. Circumstances have prevented me from completing my required CME renewal period. What can I do?

A. You may request and fill out a waiver application from the Michigan Bureau of Health Professions, Health Licensing Credentials Unit (see address below). The Board of Medicine will review your application and determine whether you qualify for a waiver. DO NOT SEND in renewal application and fee until the Board acts on your waiver. There are four circumstances in which CME may be waived, according to the Public Health Code—military service, illness, practice outside of the country, and circumstances beyond the licensee's control.

#### Q. May I earn credit by attending an out-of-state meeting?

A. In most cases, out-of-state meetings are acceptable. The course must be sponsored by an organization accredited by the Accreditation Council for Continuing Medical Education. But the Board reserves the right to reject a course if it does not meet Michigan requirements.

#### Q. I understand that my year of residency will earn me 50 hours of Category 6 credit, which is equivalent to 50 hours of Category 1 credit. How does that work?

A. That is true, but at least five months of the residency must be served during the year in which you seek credit.

#### Q. Is PRA the same as CME?

A. The American Medical Association's Physician Recognition Award (PRA) cannot be used as proof of Continuing Medical Education. The Board is not allowed to accept the PRA. The activity must be approved as Category 1 CME credit.

Physicians with further questions should write: Michigan Bureau of Health Professions, Health Licensing Credentials Unit, 611 W. Ottawa Street, PO Box 30670, Lansing, MI 48909. See back page for further contact information.

**Retain This Folder To Record Activities and To Hold CME Programs, Notes, Receipts**



## Michigan State Medical Society

Center for Physician Education and Leadership  
PO Box 950 • East Lansing, MI 48826-0950  
517-337-1351 • 517-336-5797 (fax) • www.msms.org/eo • mbenhamza@msms.org

**Michigan State Medical Society**  
2009 Physician's CME Record-Keeping Folder



**Category 1**

- Activities with accredited sponsorship or specialty board certification/recertification
- Minimum credit hours (clock hours): 75 hours in three years
- Documentation: Certificate of attendance or certification of completion

ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
		<b>TOTAL</b> _____

**Michigan State Medical Society**  
2009 Physician's CME Record-Keeping Folder



**Category 2**

- Activities with nonaccredited sponsorship. (As applied for and approved by the Board)
- Maximum credit hours (clock hours): 36 hours in three years
- Documentation: Certificate of attendance

ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
		<b>TOTAL</b> _____

**Category 3**

- Teaching physicians or allied health practitioners
- Maximum credit hours (2 credits per clock hour): 48 hours in three years
- Documentation: Letter from hospital, instructor or program director

ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Sponsor _____	Location _____	Have Certificate <input type="checkbox"/> Yes <input type="checkbox"/>
		<b>TOTAL</b> _____

**Category 4**

- Writing books, papers, and publications (Documentation: Copy of the document presented or published with evidence of presentation or publication)
- Preparing exhibits (Documentation: Copy of meeting agenda or letter from professional organization)
- Maximum of 24 credit hours per category. Maximum credit hours (clock hours): 48 hours in three years

ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Event & Place _____		
Publication or Publisher _____		
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Event & Place _____		
Publication or Publisher _____		
ACTIVITY _____	Date _____	Cr. hrs. _____ / _____
Event & Place _____		
Publication or Publisher _____		
		<b>TOTAL</b> _____