

## NATIONAL BOARD FOR CERTIFICATION OF ORTHOPEDIC PHYSICIAN ASSISTANTS 9400 W. Higgins Road, Suite 500, Rosemont, IL 60018-4976

Tel: (847)698-1698 Fax: (847)823-0536 Email: raymond@aaos.org / www.nbcopa.org

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 Members (NAOT or TCOPA) is \$2.00 per CME hour. For non-members, the fee is \$5.00 per CME hour.

At least 50% of the CME hours submitted MUST BE orthopaedic related.

Category	Course	Place	Date	Hours Attended
		Tota	Il Number of Hours	
of CME	ying for CME credits, a si hours must accompany t e re-certification process	the fees. Make all check	s payable to the NBCO	_
ate	Mer	mber NAOT or TCOPA	(circle) Yes / No	
COPA Number Date o		of Original Cert Date of Recert		
pplicant's Full Nam	e (print)			
pplicant's Signatur	re			
pplicant's Mailing	Address			
hone: ( )		Email:		
mployer (i.e. Corp,,	CI, Hosp., Phys., etc.)			
mployer Address:				