Provider CME Reporting Sheet

Activity Name:	
Activity Date:	
Activity Location:	
Provider Name:	

Click to email the completed CME reporting sheet to the AAFP Member Resource Center at aafp@aafp.org.

AAFP ID	Full Name (first, last, designation) Example: Joe Smith, MD	*Designation	*Address	**Activity Number	**Credits earned

*Helpful information but not required

**Shared lectures should be reported separately by adding a column for the activity number and credits earned for each lecture