

**CLINICIAN LEARNING FROM CORONAVIRUS COVID – 19**  
**CREDIT DOCUMENTATION for AMA PRA Category 1 Credit™ and AOA Category 1-B**

State of Michigan Executive Order 2020-13, issued **March 17, 2020, 5:59 pm**:

**5) “Effective immediately and continuing through April 14, 2020 at 11:59 pm, LARA may recognize hours worked responding to the COVID-19 emergency as hours toward continuing education courses or programs required for licensure”**

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705-522016--,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-522016--,00.html)

As a physician, nurse or PA, you may choose to complete this form describing **what you learned** from the COVID-19 emergency and submit it to the Office of Continuing Medical Education where we will issue CME credit. You may also keep a record of hours worked on COVID-19 only during the specified time period and self-report those hours to the Michigan Board of Licensing (LARA).

**Please do not report “shift hours worked” unless they were directly responding to the COVID 19 emergency. Do claim credit for: research, reading articles, listening to podcasts, discussing plans and direct clinical care of COVID 19 patients.**

**YOU MUST COMPLETE THIS FORM and thoroughly document what you learned or we cannot issue CME credit.**

**The dates applicable are only per the Governor of Michigan’s Executive Order.**

### **Accreditation**

Central Michigan University College of Medicine is accredited by the Accreditation Council for Continuing Medical education to provide continuing medical education for physicians.

Central Michigan University College of Medicine designates this Other activity (Physician Learning from Coronavirus COVID-19) for a maximum of \_\_\_\_ *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity qualifies for AOA Category 1-B credit as approved by the Council on Osteopathic CME of the American Osteopathic Association.

Date	March	April	May	June	July	August	September	October	November	December
Hours										

Use extra sheet if necessary

<p>What key lessons have you discovered while treating COVID19 and/or interacting with your colleagues during this health crisis?</p> <p>Please describe.</p>	
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I attest to the accuracy of the information provided above:

\_\_\_\_\_  
Name / Title (MD, DO, RN, PA, etc.)

\_\_\_\_\_  
Digital Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

Please email the completed and signed form to: [CMEDCME@cmich.edu](mailto:CMEDCME@cmich.edu)

**CME credit will be added to your transcript. A Certificate will be issued upon request.**

**For questions, call the CME Administrator at 989-259-4036 or the CME Program Specialist at 989-245-5412**