# ONCB RECERTIFICATION FORM A CATEGORY A: ORTHOPAEDIC PROGRAMS

**Please type or print clearly using pen. Photocopy this form if additional space is needed.**

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| (1)Activity Title | (2)Date Completed (chrono- logical order) | (3)Activity Sponsor | (4)Accredited Provider or Provider # | (5)Location(Your City/State if Home Study) | (6)Type of CE\*A = AuthorAQH = Academic quarter hour ASH = Academic semesterhour CME = Continuing MedicalEducationH = Home Study (journal article/online activities M = Workshop/ConferenceAtendeeP = Poster development/presentationPRE = PreceptorshipS = Speaker | (7)Number of Approved Contact Hours | (8)Audit Use Only |
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Subtotal This Page:

\*See ONCB web site ([www.oncb.org](http://www.oncb.org)) for a list of all approved activities and

contact hour equivalencies.

Audit use only: Approved contact hours