

**GEORGIA STATE BOARD OF PODIATRY EXAMINERS**

237 COLISEUM DRIVE, MACON, GA 31217-3858

(478) 207-2440 [TELEPHONE] \* (866) 888-1308 [FAX] \* <http://sos.ga.gov/index.php/licensing/plb/41>

Refer to BR in Chapter 500-5 \*\* **CONTINUING EDUCATION AUDIT REPORT** \*\* Refer to BR in Chapter 500-5

AREA	ACTIVITY	SPONSORSHIP (FULL NAME)	LOCATION (CITY/STATE)	DATE(S) (M/D/YY)	# OF CLOCK HOURS/DAYS

- USE THIS FORM ONLY IF SELECTED FOR A CE AUDIT:** FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTS TO: 866-888-1308, ATTN: PODIATRY BOARD or MAIL THIS FORM AND SUPPORTING DOCUMENTS TO: GEORGIA STATE BOARD OF PODIATRY, 237 COLISEUM DRIVE, MACON, GA 31217 or E-MAIL THIS FORM COMPLETED ALONG WITH SUPPORTING DOCUMENTS TO: [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov).
- In the column entitled "Area" you are to enter if it is an online Council of Podiatric Medical Education (CPME) approved course, American Osteopathic Association (AOA) or American Medical Association (AMA) approved course, or CPME and/or Georgia Podiatric Medical Association (GPMA) approved course. In the "Activity" column, you should indicate if it is a seminar, annual meeting, conference, observed surgical experience, internet course, webinar, etc. In the column entitled "Sponsorship" you are to enter who or what entity/organization hosted the activity, i.e. Georgia Podiatric Medical Association. The "Location" and "Date" columns are self-explanatory. Please remember that in the column entitled "# of Clock Hours/Days" be sure that you use that measurement. For instance if you attended a three day conference and you were awarded 25 hrs for all three days, you would enter 25/3 in that column. A failure to complete the form accurately will delay the processing of the renewal application.
- Each CE certificate submitted to support the information on this form must contain the licensee's name, the title of the CE activity, the name of the sponsoring organization, the number of credit hours earned and the date and location of the CE event. Use additional copies of this form if needed.