**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

**CME Documentation**

**Last Name:**

**First Name:**

**LSBEP License Number:**

**Initial CPA (mm/dd/yy):**

**Contact Telephone Number:**

**Email Address:**

**Requirements:** The completion of a minimum of **one hundred hours** of continuing medical education **relating to the use of medications in the management of patients with psychiatric illness** commencing with the issuance of a certificate of prescriptive authority **(CPA)** by the Louisiana State Board of Examiners of Psychologists (LSBEP) prior to January 1, 2010, or by the Board(LSBME) after this date. LRS 37 §1360.57(5) **Instructions:** see last page of form

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**Attestation: By signing this document, I certify that I attended and successfully completed the educational activities recorded above.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_

**Footnotes:**

1. Type of course - C (conference, workshop or seminar), GC (Graduate Class), OL (on line)
2. Graduate class - calculate hours as course credits x weeks

**Instructions:**

1. Download and save file to computer
2. Enter all information using a MSWord 2003 or compatible program
3. Use multiple lines per cell to keep document from going off page as needed
4. **Enter total number of hours (at bottom of list)**
5. Save file after entering all information
6. Print when complete
7. Attach documentation for each conference (verification of attendance) or course (transcript) taken
8. Number each document to correspond to number on list
9. Sign and date
10. Submit this document with application