



**Certification in  
Otolaryngology  
Practice  
Management**

# COPM

Continuing Education Units Form

Report Continuing Education Units on this Form



**ASSOCIATION OF  
OTOLARYNGOLOGY  
ADMINISTRATORS**

Name \_\_\_\_\_ Certification Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

A total of 100 CEU's during the five year period following certification are required. 15 CEU's per 12-month period are required to be otolaryngology sponsored. Please refer to the attached recertification requirements information or visit our website at [Oto-online.org](http://Oto-online.org).

Please attach required documentation.

	DATE MO./YR.	COURSE TITLE	SPONSOR	Pre- Approved CEU's	Approval Requested CEU's
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I certify this information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_