

BCBSMT CONTINUING MEDICAL EDUCATION (CME) ATTESTATION FORM

CONTINUING MEDICAL EDUCATION ATTESTATION

I, _____ hereby certify and attest that I have completed a minimum of 75
(PRINT Name)

Category I Continuing Medical Education (CME) credits in the last three years, since my last credentialing. I understand that Blue Cross and Blue Shield of Montana (BCBSMT) may conduct random audits and I may be asked to provide evidence of the completion of such CME. I understand and agree that substantial errors of fact involving information submitted by me may be the basis for adverse action up to and including termination.

Signature

Date

OR

ONGOING MAINTENANCE OF CERTIFICATION ATTESTATION

I, _____ hereby certify and attest that I am board certified by a board
(PRINT Name)

recognized by the American Board of Medical Specialties (ABMS) and am currently participating in and am compliant with the ABMS Maintenance of Certification (MOC) program. I understand and agree that substantial errors of fact involving information submitted by me may be the basis for adverse action up to and including termination.

Signature

Date

OR

CONTINUING MEDICAL EDUCATION CORRECTIVE ACTION ATTESTATION

I, _____ have NOT completed 75 Category I CME in the last three years,
(PRINT Name)

since my last credentialing. I agree to complete a minimum of 75 Category I CME within 45 days as described by the Corrective Action Plan below. I understand that successful completion of this action plan is a minimum requirement for continued participation in the Blue Cross and Blue Shield of Montana provider networks, and that failure to complete the required CME may be the basis for adverse action up to and including termination. I also understand that I am required to complete an additional 75 CME for next recredentialing cycle.

Signature

Date

My plan to complete the credits in the specified timeframe is as follows:

