# CLASSROOM OR LECTURE

**MARSHALL UNIVERSITY SCHOOL OF MEDICINE**  
**CONTINUING MEDICAL EDUCATION**  
**REPORT OF CLASSROOM TEACHING OR LECTURE SESSION HOURS**  
**JANUARY – DECEMBER**

**REPORT PERIOD: START ______/_____/______ TO ______/_____/______ END**

**MD License Expiration Date: ______/_____/______**

**INSTRUCTOR:** Name: ___________________________ Signature ___________________________

**OR**  
**ADDRESS:** ___________________________  
**LECTURER:** City, State, Zip: ___________________________  
**Telephone #: ___________________________**

**Classroom:** ___________________________  
**Class Level:** ___________________________  
**Course #: ___________________________**

**Course Title:** ___________________________  
**Lecture Session:** ___________________________  
**Lecture Title:** ___________________________  
**Conference or Event Title:** ___________________________

**IF APPLICABLE, ATTACH SUPPORTING DOCUMENTATION**

<table>
<thead>
<tr>
<th>DATE</th>
<th>SUBJECT AREA</th>
<th>LOCATION</th>
<th>INSTRUCTION DETAILS</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/7/98</td>
<td>1</td>
<td>MUSOM</td>
<td>Patient History &amp; Examination</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL HOURS: [ ] (see 20 hr. limitation below)**

**SUBJECT AREA CODES**

1 → Family Practice  
2 → Internal Medicine  
3 → Pediatrics  
4 → Psychiatry  
5 → Obstetrics/Gynecology  
6 → Surgery  
7 → Other (_________________________________________)

**SUBJECT AREA CODES**

8 → Other (_________________________________________)
9 → Other (_________________________________________)
10 → Other (_________________________________________)
11 → Other (_________________________________________)
12 → Other (_________________________________________)
13 → Other (_________________________________________)
14 → Other (_________________________________________)

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*MEDICAL PRACTICE ACT*

*S11-6-2. Legislation Rule-WV Board of Medicine  
2.2-B. Teach medical education courses or lecture to medical students, residents, or licensed physicians, or serve as a preceptor to medical students or residents: Provided, that a physician may not count more than twenty hours in this category toward the required fifty hours of continuing medical education.*

**RETURN ORIGINAL FORM TO:**  
Department: ___________________________  
To: Department Chairperson  
1600 Medical Center Drive

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**HOURS AWARDED: ___________________________**

Approved by:  
(X)  
Department Chair  
Date: ___________________________