

CATEGORY E: TEACHING ACTIVITIES (LECTURES AND PRESENTATION) VERIFICATION FORM E 1-3

Name: [Click or tap here to enter text.](#)

Check One Activity Number Per Form (*check appropriate box*):

E1 E2 E3

Title of Presentation/Lecture/Medical Event:

Date Offered: _____

Conference or Event: _____

City/State: _____

Objectives (list 3):

1.

2.

3.

Outline of Teaching Content:

TOTAL AP POINTS CLAIMED FOR THIS ACTIVITY

(Transfer this total to Point Log)