

RESOLUTION APPROVING THE MEMORANDUM OF UNDERSTANDING BY AND BETWEEN THE ASHTABULA COUNTY COMMISSIONERS AND ASHTABULA COUNTY SHERIFF AND THE MEDICAL DIRECTOR/ESSENTIAL HEALTH AUTHORITY

WHEREAS, William Niemi, Ashtabula County Sheriff, has presented a Memorandum of Understanding for the Board of Commissioner's approval; and

WHEREAS, the Sheriff of Ashtabula County, hereinafter referred to as "Sheriff" desires to provide medical care to the inmates of the Ashtabula County Jail Facility and,

WHEREAS, the Sheriff desires to employ a medical director/ Essential Health Authority implementation of such medical care, and,

WHEREAS, Carla Baster, D.O., a physician licensed to practice in the State of Ohio, hereinafter referred to as "Medical Director/ Essential Health Authority", desires to be employed as the Medical Director/ Essential Health Authority of the Ashtabula County Jail Facility,

WHEREAS, the Sheriff and the Medical Director/ Essential Health Authority enter into an agreement based on the following mutual promises and covenants:

A. Medical Director/ Essential Health Authority agrees to:

1. Report to the Jail Administrator of the Ashtabula County Jail
2. Assist the Jail in meeting its duties to inmates as stated in the standard for the Accreditation of Medical Care and Health Services in Jails of the American Correctional Association. The Medical Director/ Essential Health Authority will also assist in meeting such duties imposed by Federal and State Laws and Ohio Administrative Code 5120:1-10-09.
3. Assist the Jail in developing and implementing policies and procedures that will assure high quality medical nursing care. The Medical Director/ Essential Health Authority will also prepare specific policies and procedures as deemed necessary.
4. Approve and supervise all medical procedures conducted in the Jail Facility under Ohio Administrative Code 5120:01-10-09 (attached)
5. Be available to the registered nurse for consultation and advise or provide a suitable replacement
6. Render medical care to inmates at the jail when necessary.

B. The Sheriff agrees to:

1. Permit independent policies which assure high quality medical care
2. Provide a Medical Director/ Essential Health Authority
3. Provide an examination room with adequate equipment and supplies
4. Provide office space
5. Provide sufficient monies to purchase supplies and medication and to replace obsolete and broken equipment.
6. Provide for confidential storage of medical records, separate from jail records
7. Permit the Medical Director/ Essential Health Authority to take up to two (2) weeks vacation or leave of absence to attend professional medical courses and/or meetings per year and to pay a substitute medical director/ essential health authority the maximum of Two Hundred Fifty dollars (\$250.00) per week during said absence or leave. The substitute medical director/ essential health authority shall be an Ohio licensed physician.

- No regulation of the jail shall involve the Medical Director/ Essential Health Authority in any aspect of the correctional or disciplinary process which is not related to general medical concerns, or which would unduly restrict or compromise the medical judgement of the Medical Director/ Essential Health Authority.
 - In situations requiring emergency care, custody procedures shall yield to the medical needs of the inmate as determined by the Medical Director/ Essential Health Authority. The process of moving the inmate to a facility appropriate to his/her health needs shall not be unreasonably slowed by clearance procedure.
 - Nothing in this agreement shall prevent the Medical Director/ Essential Health Authority from engaging in any medical practice or activities apart from the jail.
 - This agreement shall terminate in the event the Medical Director/ Essential Health Authority shall die or become mentally or physically unable to perform the duties required. This agreement shall terminate in the event that the Medical Director/ Essential Health Authority's license to practice medicine in the State of Ohio is revoked or suspended.
- C. No amendment to this agreement shall be valid unless such amendment is written and signed by the parties.
- D. The parties agree that the Medical Director/ Essential Health Authority is an employee of the Ashtabula County Sheriff's Office.
- E. In consideration for the above stated duties the Sheriff agrees to pay the Medical Director/ Essential Health Authority the sum not to exceed \$58,000.00 (fifty-eight thousand dollars and no cents) per year and is eligible for OPERS contributions during the term of the agreement.
- F. This agreement may be terminated by either party upon thirty (30) days written notice delivered to the other party.

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio, that the Memorandum of Understanding as outlined above is approved in accordance with copy of said Memorandum now on file in this office.

BE IT FURTHER RESOLVED that the President of the Board, on behalf of the Board of Commissioners of Ashtabula County, is authorized to execute any and all necessary documents.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2024-102

February 15, 2024

RESOLUTION APPROVING THE MEMORANDUM OF UNDERSTANDING BY AND BETWEEN THE ASHTABULA COUNTY COMMISSIONERS AND ASHTABULA COUNTY SHERIFF AND THE MEDICAL DIRECTOR/ESSENTIAL HEALTH AUTHORITY

Upon the motion of Casey R. Kozlowski, seconded by J.P. Ducro IV.

VOTE:

**Kathryn L. Whittington
J.P. Ducro IV
Casey R. Kozlowski**

**Aye
Aye
Aye**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.

Crystal Sturgill
Crystal Sturgill, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

Acting

MEMORANDUM OF UNDERSTANDING

(MOU)

WHEREAS, the Sheriff of Ashtabula County, hereinafter referred to as "Sheriff" desires to provide medical care to the inmates of the Ashtabula County Jail Facility and,

WHEREAS, the Sheriff desires to employ a medical director/ Essential Health Authority implementation of such medical care, and,

WHEREAS, Carla Baster, D.O., a physician licensed to practice in the State of Ohio, hereinafter referred to as "Medical Director/ Essential Health Authority", desires to be employed as the Medical Director/ Essential Health Authority of the Ashtabula County Jail Facility,

Therefore, the Sheriff and the Medical Director/ Essential Health Authority enter into an agreement based on the following mutual promises and covenants:

A. Medical Director/ Essential Health Authority agrees to:

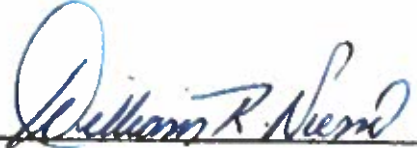
- 1. Report to the Jail Administrator of the Ashtabula County Jail**
- 2. Assist the Jail in meeting its duties to inmates as stated in the standard for the Accreditation of Medical Care and Health Services in Jails of the American Correctional Association. The Medical Director/ Essential Health Authority will also assist in meeting such duties imposed by Federal and State Laws and Ohio Administrative Code 5120:1-10-09.**
- 3. Assist the Jail in developing and implementing policies and procedures that will assure high quality medical nursing care. The Medical Director/ Essential Health Authority will also prepare specific policies and procedures as deemed necessary.**
- 4. Approve and supervise all medical procedures conducted in the Jail Facility under Ohio Administrative Code 5120:01-10-09 (attached)**
- 5. Be available to the registered nurse for consultation and advise or provide a suitable replacement**
- 6. Render medical care to inmates at the jail when necessary.**

B. The Sheriff agrees to:

- 1. Permit independent policies which assure high quality medical care**
 - 2. Provide a Medical Director/ Essential Health Authority**
 - 3. Provide an examination room with adequate equipment and supplies**
 - 4. Provide office space**
 - 5. Provide sufficient monies to purchase supplies and medication and to replace obsolete and broken equipment.**
 - 6. Provide for confidential storage of medical records, separate from jail records**
 - 7. Permit the Medical Director/ Essential Health Authority to take up to two (2) weeks vacation or leave of absence to attend professional medical courses and/or meetings per year and to pay a substitute medical director/ essential health authority the maximum of Two Hundred Fifty dollars (\$250.00) per week during said absence or leave. The substitute medical director/ essential health authority shall be an Ohio licensed physician.**
- No regulation of the jail shall involve the Medical Director/ Essential Health Authority in any aspect of the correctional or disciplinary process which is not related to general medical concerns, or which would unduly restrict or compromise the medical judgement of the Medical Director/ Essential Health Authority.**
 - In situations requiring emergency care, custody procedures shall yield to the medical needs of the inmate as determined by the Medical Director/ Essential Health Authority. The process of moving the inmate to a facility appropriate to his/her health needs shall not be unreasonably slowed by clearance procedure.**
 - Nothing in this agreement shall prevent the Medical Director/ Essential Health Authority from engaging in any medical practice or activities apart from the jail.**
 - This agreement shall terminate in the event the Medical Director/ Essential Health Authority shall die or become mentally or physically unable to perform the duties required. This agreement shall terminate in the event that the Medical Director/ Essential Health Authority's license to practice medicine in the State of Ohio is revoked or suspended.**

- C. No amendment to this agreement shall be valid unless such amendment is written and signed by the parties.
- D. The parties agree that the Medical Director/ Essential Health Authority is an employee of the Ashtabula County Sheriff's Office.
- E. In consideration for the above stated duties the Sheriff agrees to pay the Medical Director/ Essential Health Authority the sum not to exceed \$58,000.00 (fifty-eight thousand dollars and no cents) per year and is eligible for OPERS contributions during the term of the agreement.
- F. This agreement may be terminated by either party upon thirty (30) days written notice delivered to the other party.

This agreement entered into this 11th day of FEBRUARY 2024.



William R. Niemi, Sheriff



County Commissioners



Carla Baster, D.O. Medical Director/
Essential Health Authority

Rule 5120:1-10-09 - Ohio Administrative Code

14–17 minutes

(A) (Essential) Health authority. The jail has a designated health authority with responsibility for health and/or mental health care services pursuant a written agreement, contract or job description. The health authority may be a physician, health administrator or agency. When the health authority is other than a local physician, final clinical judgment rests with a single, designated, responsible, local physician licensed in Ohio. The health authority is responsible and authorized to:

(1) Provide written policies and procedures specifically designed for the jail for all aspects of this standard that shall be reviewed on an annual basis.

Written policies and procedures shall be easily accessible to staff and simple to understand.

(2) Arranges for all levels of health care, mental health care and dental care and assures quality, accessible and timely services for inmates. When necessary medical, mental health or dental care is not available at the jail, inmates are referred to an appropriate setting.

(3) Ensure decisions and actions regarding health care and mental health care meet inmates serious medical and mental health needs are the sole responsibility of qualified health care and mental health professionals.

(4) No inmate shall be denied necessary health care, as designated by the health authority.

(5) Inmates will be treated with dignity and will not be stripped of clothing unless necessary for the health or safety of the inmate and/or other inmates and staff.

(B) (Essential) Inmate pre-screen. Before acceptance into the jail, health-trained personnel shall inquire about, but not be limited to the following conditions and the health authority shall develop policies for the acceptance or denial of admission for:

(1) Suicide thoughts/plan.

(2) Current serious or potentially serious medical or mental health issues needing immediate attention.

(3) The use of an electronic weapon, pepper spray or other less lethal use of force during arrest.

(C) (Essential) Receiving screen. Health trained personnel, in accordance with protocols established by the health authority, shall perform a written medical, dental and mental health receiving screening on each inmate upon arrival at the jail and prior to being placed in general population.

(1) Inquiry includes at least the following:

(a) Current and past illness and health problems;

(b) Current and past dental problems;

(c) Current and past mental health problems;

(d) Allergies;

(e) Current medications for medical and mental health;

(f) Hospitalizations for medical or mental health purpose(s);

(g) Special health needs;

(h) Serious infection or communicable illness(s);

(i) Use of alcohol and drugs including types, amounts and frequency used, date or time of last use and history of any problems after ceasing use, i.e., withdrawal symptoms;

(j) Suicidal risk assessment;

(k) Possibility of pregnancy;

(l) Other health problems as designated by the health authority.

(2) Observation of the following:

(a) Behavior including state of consciousness, mental health status, appearance, conduct, tremors and sweating;

(b) Body deformities and ease of movement;

(c) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations and needle marks or other indications of drug abuse.

(3) Medical disposition of inmate:

(a) General population;

(b) General population with prompt referral to appropriate health or mental health services;

(c) Referral for emergency treatment;

(d) Medical observation/isolation;

(e) Mental health observation/precautions;

(f) Documentation of date, time and signature and title of person completing screening.

(D) (Essential) Scope of service. The jail shall provide, or make provisions for, twenty-four hour emergency health, dental and mental health care.

(E) (Essential) Credentials. All health and mental health care personnel who provide services to inmates are appropriately credentialed according to the licensure, certification, and registration requirements of Ohio. Verification of current credentials is on file at the facility. Health care staff works in accordance with profession-specific job descriptions approved by the health authority.

(F) (Essential) Sick call. The health authority shall develop a policy and procedure for sick call whereby a physician and/or qualified

health care professional conducts sick call.

(G) (Essential) Health and mental health complaints. The jail shall ensure that there is a daily procedure whereby inmates have an opportunity to report medical and mental health complaints through health-trained personnel, or for urgent matters, to any jail employee. The jail employee shall contact the appropriate medical or mental health department immediately. An inmate grievance system for medical and mental health treatment shall be established by the health authority. Both daily complaints and grievances shall be:

(1) Addressed in a timely manner.

(2) Recorded and maintained on file.

(3) Reviewed daily by qualified health care personnel and treatment or follow-up shall be provided as necessary.

(H) (Important) Personal physician treatment. Inmates can be treated by a personal physician in the jail at their own expense, upon the approval by the jail physician, provided that the current credentials of the personal physician are verified.

(I) (Essential) Medical/mental health record. The jail shall maintain an accurate health/mental health record in written or electronic format. The health authority shall develop policies and procedures concerning the following areas:

(1) Health records remain confidential and are only accessible to personnel designated by the health authority.

(2) Correctional staff may be advised of inmates health/mental health status only to preserve the health and safety of the inmate, other inmates, and jail staff and in accordance with state and federal laws.

(3) Retention and reactivation of said records if an inmate returns to the facility.

(4) Transfer of medical/mental health information or record to external care provider.

(J) (Essential) Pharmaceuticals. Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with state and federal laws and regulations and include the following:

(1) The policies require dispensing and administering prescribed medications by health-trained personnel or professionally trained personnel, adequate management of controlled medications, and provisions of medication to inmates in special management units.

(2) The jail shall develop a policy, approved by the health authority, regarding incoming medications to include obtaining in a timely manner, medications essential for medical and mental health diagnoses and intoxication and detoxication.

(K) (Essential) Mental health services. Inmates evidencing signs of mental illness or developmental disability shall be referred immediately to qualified mental health personnel. The health authority shall develop policies for the following areas:

(1) Screening for mental health problems.

(2) Referral to outpatient services, including psychiatric care.

(3) Crisis intervention and management of acute psychiatric episodes.

(4) Stabilization of inmates with mental illness and prevention of psychiatric deterioration in the jail.

(5) Referral and admission to inpatient facilities.

(6) Informed consent.

(L) (Essential) Suicide prevention program. The health authority shall have a plan for identifying and responding to suicidal and potentially suicidal inmates. The plan components shall include:

(1) Identification. The receiving screening form contains observation and interview items related to the inmates potential suicide risk.

(2) Training. Staff members who work with inmates are trained to

recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. The plan includes initial and annual training.

(3) **Assessment.** The plan specifies a suicide risk assessment and level system. The assessment needs to be completed every time an inmate is identified as being or potentially being suicidal, or if circumstances change. Only a qualified mental health professional may remove inmates from suicide risk status.

(4) **Housing.** The plan shall designate the housing beds/units for the suicidal or potentially suicidal inmates.

(5) **Monitoring.** The plan specifies the procedures for monitoring an inmate who has been identified as potentially suicidal. A suicidal inmate is checked at varied intervals not to exceed ten minutes. Regular documented supervision is maintained. Inmates are placed in a designated cell, all belongings removed and other prevention precautions initiated, as appropriate.

(6) **Referral.** The plan specifies the procedures for referring a potentially suicidal inmate and attempted suicides to a mental health care provider or facility, and includes timeframes.

(7) **Communication.** The plan specifies for ongoing communications (oral and written), notifications between health care and correctional personnel regarding the status of suicidal inmates.

(8) **Intervention** The plan addresses how to handle a suicide in progress, including first-aid measures.

(9) **Notification.** The plan includes procedures of notifying the jail administrator, outside authorities and family members of completed suicides. The plan shall consider safety and security issues when it comes to notification.

(10) **Reporting.** The plan includes procedures for documenting, monitoring and reporting attempted or completed suicides. Completed suicides are immediately reported to the coroner/medical examiner and the division of parole and community

services within thirty days of the incident.

(11) Review. The plan specifies procedures for medical and administrative review if a suicide or a serious suicide attempt occurs.

(12) Critical incident debriefing. The plan specifies the procedures for offering critical incident debriefing to affected staff and inmates.

(M) (Important) Emergency equipment/supplies. Emergency medical equipment and supplies, as determined by the health authority shall be available at all times and replenished, as needed and may include automatic external defibrillators (AEDs).

(N) (Essential) Infectious disease control program. The health authority shall have a written infectious disease control program that collaborates with the local health department and shall include, at minimum, an exposure control plan and standard isolation precautions for inmates and staff, which are updated annually. The health authority will develop written policy and procedures.

(O) (Essential) Pregnant inmate. pregnant inmates shall receive appropriate and timely pre-natal care, delivery and postpartum care, as determined by the health authority.

(P) (Essential) Restraints. Use of restraints for medical and psychiatric purposes shall be applied in accordance with policies and procedures approved by the health authority, including:

(1) Conditions under which restraints may be applied.

(2) Types of restraints to be applied.

(3) Identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not a viable alternative.

(4) Monitoring procedures.

(5) Length of time restraints are to be applied.

(a) There shall be ten-minute, varied checks by correctional staff;

(b) There shall be thirty-minute checks by health-trained personnel;

(c) Inmates in medical restraints, if possible, after every two hours of continuous use, each extremity is freed or exercised for a period of five to ten minutes.

(6) Documentation of efforts for less restrictive treatment alternatives.

(7) An after-incident review.

(Q) (Important) Emergency response plan. The health aspects of the emergency response plan (mass disaster drill and man down drill). Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the jail administrator. All staff responding to medical emergencies are certified in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of certifying health organizations.

(R) (Essential) Continuing education for health trained personnel. All qualified health care professionals participate annually in continuing education appropriate for their position.

(S) (Important) Continuous quality improvement program. The health authority shall develop a continuous quality improvement (CPI) system of monitoring and reviewing, at least annually, the fundamental aspects of the jail's health/mental health care system, including but not limited to: access to care; the intake process; emergency care and hospitalizations; and, adverse inmate occurrences, including all deaths. Periodic chart reviews are included to determine the timeliness and appropriateness of the clinical care provided to inmates.

(T) (Essential) Special nutritional and medical diets. Inmate diets are modified when ordered by the appropriate licensed individual to meet specific requirements related to clinical conditions.

(U) (Essential) Intoxication and detoxification. The health authority shall develop specific policies and protocols in accordance with local, state and federal laws for the treatment and observation of inmates manifesting symptoms of intoxication or detoxification from

alcohol, opiates, hypnotics, or other drugs. The policies will include a suicide assessment. Specific criteria are established for immediately transferring inmates experiencing severe, life-threatening intoxication (overdose) or detoxification symptoms to a hospital or detoxification center.

(V) (Essential) Confidentiality. Information about an inmate's health status is confidential. Non health trained staff only has access to specific medical information on a need to know basis in order to preserve the health and safety of the specific inmate, other inmates, volunteers, visitors, criminal justice professionals or correctional staff.

(W) (Important) Informed consent. The health authority shall develop a policy and procedure requiring that all examinations, treatments and procedures are governed by informed consent practices applicable in the jail's jurisdiction.

(X) (Important) Privacy. The health authority shall develop a policy whereby health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmate's privacy.

(Y) (Important) Inmate death. In all inmate deaths, the health authority determines the appropriateness of clinical care; ascertains whether corrective action in the system's policies, procedures, or practices is warranted; and identifies trends that require further study.

Client#: 9471

BASTCAR

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Huntington Insurance, Inc. 724 Boardman-Poland Road Youngstown, OH 44512 888 576-7900
CONTACT NAME: Lynne M. Helman
PHONE No. Ext: 888-326-5010 FAX No: 877-94-0392
E-MAIL ADDRESS: lynne.helman@huntington.com
INSURER A: ProAssurance Indemnity Co, Inc. NAIC # 33391

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSUR, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Malpractice.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Claims-Made Form Policy

CERTIFICATE HOLDER: For Credentialing Purposes
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



AMERICAN
OSTEOPATHIC ASSOCIATION
142 E. Ontario St., Chicago, IL 60611-3864

Continuing Medical Education Program

CME Activity Summary

Carla Baster, DO | 041992

29 Minnewawa Dr

Timberlake, OH 44095-1928

Member Status: Paid through 12/31/2023

2022 - 2024 CME Cycle

American Osteopathic Board of Family Physicians (AOBFP)

American Osteopathic Board of Family Practice (AOBFP) diplomates with at least one active AOBFP issued certification are required to earn at least 120 CME credits. At least 30 CME must be AOA Category 1-A credit and an additional 30 CME must be AOA Category 1-A or 1-B credit.

Refer to CME proration table (<https://osteopathic.org/wp-content/uploads/CME-Proration.pdf>) if you are newly board certified or have recently reactivated your certification to determine the CME requirement for the current certification CME cycle.

Contact AOA Physician Education & CME at cme@osteopathic.org (<mailto:cme@osteopathic.org>) for general CME-related questions. For AOBFP board certification specific questions, contact AOBFP at (312) 402-8477 or email aobfp@osteopathic.org (<mailto:aobfp@osteopathic.org>). Please see the CME Details below to view how reported CME activities were applied to this requirement.

Board Requirements	Credits Required	Credits Applied	Credits Needed	Requirements Fulfilled
<i>Family Medicine/OMT (FOM) - Issued: 07/11/2020 - Active, Not Participating in OCC</i>				
Total CME Requirements	120.00	69.25	50.75	No
Category 1	60.00	25.75	34.25	No
Category 1A	30.00	25.75	4.25	No
Category 2 (AOBFP diplomates can apply a maximum of 60 Category 2A/2B credits toward OCC requirements per 3-year-cycle)	NA	43.50	NA	NA

CME Details

CREDITS REPORTED TO AOA		CREDITS SUBMITTED		CREDITS APPLIED
Completion Date	Activity Name and CME Sponsor/Provider	Credit Type	CME	AOBFP
09/05/2022	11 Skills Every Doctor Needs to Be an Effective Leader American College of Osteopathic Family Physicians	1A	1.00	1.00
09/05/2022	Creating Your Resilience Toolbox American College of Osteopathic Family Physicians	1A	1.00	1.00
09/05/2022	GI and Functional Medicine: When FPIs Don't Work American College of Osteopathic Family Physicians	1A	1.00	1.00
09/05/2022	Rapid Final Review American College of Osteopathic Family Physicians	1A	0.75	0.75
09/05/2022	Update on Pre-Exposure Prophylaxis (PrEP) for HIV American College of Osteopathic Family Physicians	1A	0.50	0.50
09/08/2022	A Review of Nonalcoholic Fatty Liver Disease American College of Osteopathic Family Physicians	1A	0.50	0.50
09/08/2022	ACOs and OIGs in Primary Care American College of Osteopathic Family Physicians	1A	0.50	0.50
09/08/2022	Caring for Our Patients on Opioids: Compassionate Care With Evolving Guidelines American College of Osteopathic Family Physicians	1A	1.00	1.00
09/08/2022	Common Orthopedic Injuries and Treatments: Sprains, Strains and Pediatric Conditions to Know American College of Osteopathic Family Physicians	1A	0.75	0.75
09/08/2022	Common Prostate Diagnosis: Management in Family Medicine and When to Refer American College of Osteopathic Family Physicians	1A	0.50	0.50
09/08/2022	Meaningful Use of the Annual Wellness Visit American College of Osteopathic Family Physicians	1A	0.50	0.50
09/08/2022	Over-The-Counter Supplement Safety: Are Your Patients At-Risk? American College of Osteopathic Family Physicians	1A	0.75	0.75
09/08/2022	Radicular Pain Examination American College of Osteopathic Family Physicians	1A	1.00	1.00

08/06/2022	Updates to Treatments and Guidelines for Hypertension American College of Osteopathic Family Physicians	1A	0.75	0.75
08/07/2022	CEM Billing and Coding American College of Osteopathic Family Physicians	1A	0.50	0.50
08/08/2022	A Review of the Diagnosis and Treatment of Common Personality Disorders American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	Abnormal Uterine Bleeding - A Review for Primary Care American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	An update on harms and benefits of Personal Protective Equipment (PPE) American College of Osteopathic Family Physicians	1A	0.75	0.75
08/08/2022	Anaphylaxis Update American College of Osteopathic Family Physicians	1A	0.50	0.50
08/08/2022	Cardiac Complications of COVID-19 American College of Osteopathic Family Physicians	1A	0.50	0.50
08/08/2022	Common Ethical Dilemmas in Medicine American College of Osteopathic Family Physicians	1A	0.50	0.50
08/08/2022	Common Psychiatric Cases: When to Treat and When to Refer American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	From Red to Green: Improving Quality Metrics at the Point of Care American College of Osteopathic Family Physicians	1A	0.75	0.75
08/08/2022	Medicine Preventive Service Visits in the Long-Term Care Setting American College of Osteopathic Family Physicians	1A	0.75	0.75
08/08/2022	Modernization of the Medical Landscape: Big Data Application in Medicine American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	Pain Pallium American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	Updates in Cardiology for the Primary Care Provider American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	Introduction to the Microbiome and Current Research Trends American College of Osteopathic Family Physicians	1A	1.00	1.00
08/08/2022	Popular Diets: What to Tell Your Patient American College of Osteopathic Family Physicians	1A	0.50	0.50
08/20/2022	Virtual CEM Bootcamp American College of Osteopathic Family Physicians	1A	3.50	3.50
11/12/2022	emerging challenges NACE	2A	4.00	4.00
12/10/2022	conversations in primary care 2022 NACE	2A	3.00	3.00
12/12/2022	duty to report Ohio State Medical Board State Requirement - State-specific regulations study	2A	1.00	1.00
12/24/2022	anemia in old NACE	2A	1.00	1.00
12/24/2022	decreasing excretions in cold NACE	2A	1.00	1.00
12/24/2022	mod to severe asthma NACE	2A	1.00	1.00
12/28/2022	pneumococcal disease Academy for Continued Healthcare Learning (873)	2A	1.50	1.50
12/31/2022	contraception Paradigm Medical Communication LLC	2A	1.00	1.00
01/04/2023	multiple Free CME	2A	12.00	12.00
04/01/2023	conversations in primary care 2023 April 1, 2023 NACE	2A	3.00	3.00
04/05/2023	Journal club: Hospice of Western Reserve Hospice of the Western Reserve	2A	7.00	7.00
04/05/2023	pod cast NACE CME Rulette: Medical Journal / Home Study Course	2B	8.00	8.00
TOTALS			69.25	69.25

Summary for Category 1

Submitted Credits	1A	1B	1A & 1B
Total	25.75	0	25.75