Continuing Education Reporting Form

Category A Continuing Education

This form should be completed to request Academy Continuing Education contact hours for independently completed continuing education activities that need approval and fall under the Category A designation (see below for types of activities considered to be "Category A"). When complete, please email this form to the Continuing Education Chair at continuinged@aafcp.net.

APPLICANT INFORMATION:

Name (with credentials, as you would like it to appear on your certificate):

_____

Email: _____

Telephone: _____

ACTIVITY INFORMATION

Select what type of activity you completed

If you do not see the activity you completed represented below, please fill out the Category B form

☐ AAFCP-sponsored webinar or event

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☐ Talk or presentation given by a CFCE, CFCP, or CFCMC (can include presentations at staff meetings)

☐ Chapter read in *"The Medical and Surgical Practice of NaProTECHNOLOGY"*

☐ Chapter read in Anatomy and Physiology, Book I, or Book II textbooks

☐ Speaking at an AAFCP-sponsored event

☐ Directing or serving as staff on your first EPI/EPII

ACTIVITY DETAILS

Title of Activity: _____

Presenter/Speaker/Program Director (**including credentials**):

_____

Location: _____

Format of activity (ie. live, recorded, reading): _____

Length of activity: _____ Date when you completed activity: _____

Other pertinent details (if applicable): _____

I attest that I have completed this Continuing Education Activity (please sign below):

_____ Date: _____