Continuing Education Reporting Form

Category B 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 B designation (all activities that do not meet the criteria for "Category A" activities fall under the "Category B" designation). When complete, please email this form to the Continuing Education Chair at continuinged@aafcp.net.

This application is two pages long; please be sure to fill out and submit both pages.

APPLICANT INFORMATION:

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

_____

Email: _____

Telephone: _____

Please note that if you are applying for contact hours for an entire conference, this form must be filled out for *each* presentation for which you are requesting contact hours.

ACTIVITY INFORMATION

Title of Activity:

_____

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

_____

A short bio of the presenter is also required as an attachment*

Location:

_____

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

_____

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

Other pertinent details (if applicable):

_____

POINTS OF LEARNING

List three points of learning that directly relate to your practice of CrMS/NaPro:

1. _____

   _____

2. _____

   _____

3. _____

   _____

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

_____ Date: _____

Please note that you may be required to submit additional information depending on the type of activity for which you have requested contact hours.