



Name of Listener: _____

Address: _____

Telephone: _____

PRE-RECORDED AAFCP CONTINUING EDUCATION DOCUMENTATION SHEET

For listening to pre-recorded Annual Meeting Recordings or Webinar Recordings

Title of Presentation _____

Presenter _____

Date of Presentation _____

Number of AAFCP Contact Hours _____ Date you listened to the recording _____

List three important points that you learned from this presentation:

- 1.
- 2.
- 3.

Title of Presentation _____

Presenter _____

Date of Presentation _____

Number of AAFCP Contact Hours _____ Date you listened to the recording _____

List three important points that you learned from this presentation:

- 1.
- 2.
- 3.

Title of Presentation _____

Presenter _____

Date of Presentation _____

Number of AAFCP Contact Hours _____ Date you listened to the recording _____

List three important points that you learned from this presentation:

- 1.
- 2.
- 3.

To receive your certificate for AAFCP Contact Hours send completed form to:
Anne Marie St. Germain, CFCE, Chair, Continuing Education Committee
American Academy of FertilityCare Professionals
420 Stark Lane, Manchester, New Hampshire 03102
continuinged@aafcp.net