



# Continuing Education Reporting Form for Non-Academy Members

This form should be completed by non-Academy members to request Academy Continuing Education contact hours for both Academy sponsored and independently completed continuing education activities. This includes:

- FertilityCare Center Staff Meeting
- Reading of the Medical Textbook
- Auditing/Directing EPI or EPII
- Attending a Conference/Workshop
- Pre-Recorded or Live Virtual Events
- Presenting a Conference/Workshop
- Annual Meeting Presentations (live or recorded)
- Miscellaneous Applicable Activity

Please be specific with your information and provide all applicable details. This form is two pages.

## MEMBER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Credentials (circle all that apply):

FCII	FCSI	CFCE	NFPNM
FCI	FCS	CrMSMC	CFCNM
FCPI	CFCS	NFPMC	CFCNP
FCP	FCEI	CFCMC	CFCPA
CFCP	FCE	CrMSNM	CFCPhC

## CONTINUING EDUCATION ACTIVITY INFORMATION:

Type of Activity (i.e. conference, staff meeting, EPI, etc.) \_\_\_\_\_

Title of Activity (chapter, workshop, etc.) \_\_\_\_\_

Presenter/Program Director/Author \_\_\_\_\_

Location \_\_\_\_\_

Format of Activity (i.e. live, recorded, reading) \_\_\_\_\_

Number of AAFCP Contact Hours \_\_\_\_\_ Date of Activity \_\_\_\_\_

Topic of Case Presentation/Continuing Education Presented (for staff meetings):

\_\_\_\_\_

Other pertinent details where applicable: \_\_\_\_\_

\_\_\_\_\_

## **POINTS OF LEARNING:**

List three important points that you learned from this activity.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I attest that I have completed this Continuing Education Activity.**

Date: \_\_\_\_\_

Signature - Typing your name indicates your digital signature

## **TO RECEIVE CREDIT FOR THIS CONTINUING EDUCATION ACTIVITY:**

1. Complete this form.
2. Send this completed form and any required supplemental documents to the Chair of Continuing Education at the address indicated below.
3. Your request for credit will be reviewed by the Chair of Continuing Education and you will be notified of the credit granted.

## **REQUIRED SUPPLEMENTAL DOCUMENTS:**

- Conference/Workshop: Please submit a flyer, program book, or certificate of attendance.
- Pre-Recorded or Live Virtual Event: Please submit a certificate of attendance or promotional document.
- Presenting Speaker: Please submit a flyer, agenda, or registration form and along with your goals & objectives for the presentation.
- Auditing EPI/EPII: Please submit a certificate of completion or letter from the Program Director.
- Directing EPI/EPII: Please submit the agenda for your Education Program.
- Staff Meeting: Please submit minutes of the meeting or the sign-in sheet and agenda.
- Miscellaneous Activities: Please submit any documents pertinent to the activity.

## **SUBMISSION AND QUESTIONS:**

Anne Marie St. Germain, CFCE  
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American Academy of FertilityCare Professionals  
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