

Program Planners

*We have
dedicated
a fax line
just for you!*



**Fax your approval request forms
and attendance sheets to 312/899-8391**

**(Only program approval requests and attendance sheets
will be accepted on this fax line.)**

Approval requests, lists of attendees,
and questions can be e-mailed to
continuingeducation@aama-ntl.org.

The staff members of the Customer
Service Department are available to
assist you from 9 AM to 5 PM CST at
800/ACT-AAMA (800/228-2262), ext. 774.



FAX: 312/899-8391

AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS
20 N. WACKER DR., STE. 1575
CHICAGO, ILLINOIS 60606

PHONE: 312/899-1500



Member Attendance Record for AAMA CEUs

- A member ID number is required to receive CEU credit.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- Approval number (required): _____
- Program date: _____

***Typing directions:**
1. Select the Hand tool.
2. Click on the page just to the right of the requested information, such as "Last name:".
3. Type in the information.
4. Print the form immediately.
You cannot save what you type.

Members only. *If nonmember, fill out the Nonmember Attendance Record.*

Member ID number* (required): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Member ID number* (required): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Member ID number* (required): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Member ID number* (required): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Member ID number* (required): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Member ID number* (required): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

*If the member ID number is not provided, CEU credit will not be awarded.



Attendance Record for AAMA CEUs

To receive e-mail confirmation that your attendance forms were received, use this page as your cover sheet.

Thank you

for delivering quality education programs to CMAs (AAMA) and other health care professionals. Here are some tips to help the registration of AAMA CEUs go smoothly. Before passing out the attendance sheet, share the following information with all attendees:

***Typing directions:**

1. Select the Hand tool.
2. Click on the page just to the right of the requested information, such as "Last name:".
3. Type in the information.
4. Print the form immediately.

You cannot save what you type.

- Provide your session approval number to all attendees.
- A member ID number is required to register credits. (Social Security numbers [last four digits] will only be accepted from nonmembers.)
- Do not use abbreviations.
- Use the appropriate attendance sheet for members and nonmembers.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- The program planner must mail, e-mail, or fax attendance records to the AAMA within 30 days.

You may print out this form and fill it legibly, or you may type* information into the gray rectangles and then print out the form.

Program planners must submit the following information to ensure CEUs are registered. Please complete this form and return this page with the Attendance Record sheets:

Class title: _____

Date of program: _____

Authorization code: _____

Approval number (required): _____

Check if you would like an e-mail (only) confirmation of receipt.

E-mail: _____ Number of pages (including cover): _____

Return this page and Attendance Record sheets to the attention of David Knight at the AAMA or fax them to **312/899-8391**.



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CHICAGO, ILLINOIS 60606



Nonmember Attendance Record for AAMA CEUs

- The last four digits of your Social Security number are required to register credits.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- Approval number (required): _____
- Program date: _____

***Typing directions:**

1. Select the Hand tool.
 2. Click on the page just to the right of the requested information, such as "Last name:".
 3. Type in the information.
 4. Print the form immediately.
- You cannot save what you type.**

Nonmembers only. *If member, fill out the Member Attendance Record.*

SSN (last four digits only): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

SSN (last four digits only): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

SSN (last four digits only): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

SSN (last four digits only): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

SSN (last four digits only): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____

SSN (last four digits only): _____

Last name: _____

First name: _____

Middle initial: _____

Address: _____

City/State/ZIP: _____

Phone: _____