**NAHMS/NAHMT Continuing Education**

**Tracking Form - Year 2016**

Courses for continuing education credit may be selected from any instructional offerings that you participated in from 01/01/2016-12/31/2016. One continuing education unit (CEU) is equal to one hour of instruction/training. In order for an event to be considered as an eligible CEU, it must possess a published agenda and/or a specific topic area. Workshops, seminars and technical sessions, instructor lead or online courses can be used for continuing education if the event meets the above criteria. All courses are credited at the rate of one education unit for each instructional hour. **NAHMS/NAHMT certificants must submit 4 (four) hours of Continuing Education per year.**

Please complete the reverse side of this form *or* submit **one** of the following for **each** event attended:

* Certificate of Attendance
* Certificate of Completion
* Attendance letter, or other event literature, with official sponsor verification

***All of the above must contain: topic, date and number of hours in duration***

* If you are an Instructor/Speaker/Presenter, you must submit a copy of the information that was presented. For a course that is more than one day in duration, you must submit a detailed outline of the material presented. You must include the length and date of presentation. *For material that is presented on an on-going basis, credit will be awarded* ***one time*** *only.*

Please complete the information requested below and sign the Statement of Accuracy. This profile must be completed and returned in 2017 with your annual renewal fee (include additional sheets if necessary). Retain a copy for your files.

## Name:

**Company**:

**Address**:

**City/State/Zip**:

**Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**:

##### Course/Event:

Sponsor:

Location (City/State):

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Attendance:

Printed Name of Instructor/Speaker:

##### Course/Event:

Sponsor:

Location (City/State):

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Attendance:

Printed Name of Instructor/Speaker:

##### Course/Event:

Sponsor:

Location (City/State):

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Attendance:

Printed Name of Instructor/Speaker:

###### *Statement of Accuracy*

By my signature below, I hereby affirm that all information provided herein is correct to the best of my knowledge. I authorize the NAHMA Certification Review Board, or its designees, to verify all information for accuracy.

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