

APPLICATION FOR CONTINUING EDUCATION CREDIT

(For AAHP Use Only)
Application Number: _____
Date Received: _____

Description of Activity

CEC Category (check one):

- | | |
|---|---|
| <input type="checkbox"/> A – Formal Educational Activity | <input type="checkbox"/> C – Professional Society Participation |
| <input type="checkbox"/> B – Publications, Reports, Presentations | <input type="checkbox"/> D – Other Professional Activities |

Type of Activity (Short Course, Publication, Attendance at Meeting, Committee Membership, etc.):

Duration of Activity:
_____ Hours _____ Semester Hours _____ Days
Other (Describe): _____

Course Title or Activity: _____ Date(s) of Course or Activity: _____

Name and Address of Sponsoring Organization:

Contact Person and Telephone Number for Organization:

**Please attach a description of the course or activity to assist the Committee in its evaluation.
Include an Agenda or Schedule showing the number of hours for health physics activities.**

Requestor Information:

Name and Address:	Telephone Number:
	Signature/Date:
	Email address:

Purpose of Request for Continuing Education Credits:

<input type="checkbox"/> Individual Use by Requestor	<input type="checkbox"/> For all Attendees	<input type="checkbox"/> Requesting 4-year Approval
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For Continuing Education Committee Use:

Total Credits Awarded: _____	Signature of Committee Member/Date:
Basis for CECs:	