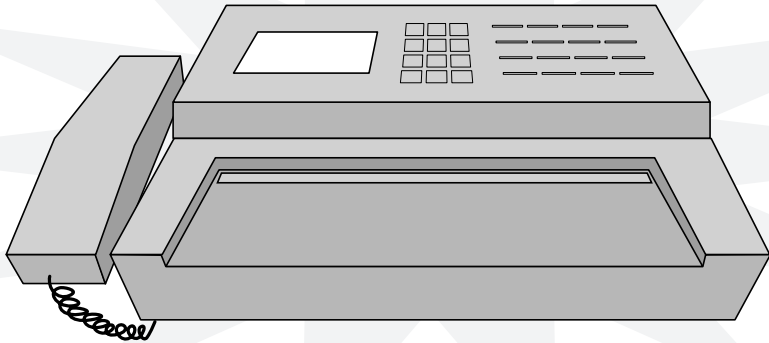


Program Planners

*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, list of attendees,
and questions can also be e-mailed to
pplanners@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.



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS

20 N. WACKER DR., STE. 1575
CHICAGO, ILLINOIS 60606

website: www.aama-ntl.org 800/228-2262

▶ Member Attendance Record for AAMA CEUs

- A member ID number OR nine-digit social security number is required to register credits.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90% 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: OR 9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____	Member ID number: OR 9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____
Member ID number: OR 9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____	Member ID number: OR 9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____
Member ID number: OR 9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____	Member ID number: OR 9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____



Attendance Record for AAMA CEUs

Thank you for delivering quality education programs to CMAs 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 OR nine-digit social security number is required to register credits.
- Do not use abbreviations.
- Use appropriate attendance sheet for members and nonmembers.
- Participants *must* attend a minimum of 90% of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- The program planner must mail or fax attendance records to the national office 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

website: www.aama-ntl.org 800/228-2262

▶ Nonmember Attendance Record for AAMA CEUs

- Your nine-digit social security number is required to register credits.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90% 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.

9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____ _____	9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____ _____
9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____ _____	9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____ _____
9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____ _____	9-digit SS#: _____ Last name: _____ First name: _____ Middle initial: _____ Address: _____ City/State/Zip: _____ Phone: _____ _____