



AMI Continuing Education

Continuing Education Activity Verification Form

This form **MUST be sent to AMI headquarters within 30 days after you have completed your activity**, or **no credit** will be entered for the course. Make a copy for your records and send the original form to:

AMI Headquarters
810 East 10th Street
Lawrence, KS 66044

This is to verify that _____ has completed the following workshop, course or program (educational event) and should have continuing education units recorded.

Activity name: _____

Sponsoring organization (if any): _____

Location: _____

Date of activity: _____

Instructor(s): _____

Total contact hours: _____

I am a member of the AMI: yes _____ no _____

Signature of attendee: _____

Evaluation:

Did the instructor and course material meet the stated objectives? Yes _____ No _____

Were the facilities and environment conducive to learning? Yes _____ No _____

I would recommend this event to other AMI members. Yes _____ No _____

Comments:

This activity is classified as:

___ Art (minimum 14 hrs. per 5yr. Certification term)

___ Medicine/Biology (minimum 14 hrs. per 5yr. Certification term)

___ Business (maximum 7 hrs. per 5yr. Certification term)