

CONTINUING EDUCATION CREDIT REQUEST FORM

Complete this form and submit along with proof of the activity to AMT Institute for Education (AMTIE) for tracking or keep for your files. Please sign the form before submitting.

Last Name, First Name, Initial

AMT ID#

Address

City, State, Zip, Country

Email

Daytime Phone Number

Please check certification for which this form is submitted (check **only one** per form):

MT MLT COLT RPT RMA CMAS RDA CLC AHI AML CMLA

Job Responsibility: _____

Lecture or Seminar

Please include proof of attendance, such as Certificate of Attendance.

Title of Program:	Date of Program:
Type: _____ Seminar/Lecture _____ Workshop _____ Other (specify) _____	Length of Program in Hours: _____ (minus lunches and breaks)
Name of Sponsoring Organization:	

College Program

Please include copy of final transcript.

College or University Attended:	Course Title:
Dates Attended: From: _____ to _____	Number of Hours Requested: _____ Semester Hours OR _____ Quarter Hours

Signature

I certify that, to the best of my knowledge, the above information is correct. ***Proof of my activity is enclosed.***

Signature: _____ Date: _____

Send this form with required proof of activity to:
AMT/AMTIE
10700 West Higgins Road, Suite 150
Rosemont, IL 60018
Phone (847) 823-5169 • www.amt1.com