



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
201 E. Main Street, Ste. 1405
Lexington, KY 40507

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)