

AMI Continuing Education

Continuing Education Activity Verification Form

This form **MUST be submitted within 30 days after you have completed your activity**, or **no credit** will be entered for the course. Shortly after submission of this form you will receive a confirmation email for your records and if you are an AMI member, your CEU database on the AMI web site will be updated.

If the course has not been preapproved for CEUs by the AMI's Continuing Education committee **DO NOT** submit this form until the course has been evaluated.

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: _____

This activity is classified as:

Art

Biomedical Science

Business

CEU/Hour Requirements for Recertification:

0.1 CEU = 1 hour of contact time

- Art: 1.4 CEUs/14 hours minimum required
- Biomedical: 1.4 CEUs/14 hours minimum required
- Business: 0.7 CEUs/7 hours maximum optional - You may have **up to** 0.7 CEUs/7 hours of business credits as part of your total, **or** in lieu of Business CEUs/hours you may use additional Art or Biomedical hours

A total of 35 hours is required at the end of the 5 year certification period to retain CMI status.

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: