

CONTINUING EDUCATION RECORDING FORM FOR PROGRAMS NOT PRE-APPROVED BY PEER (American Board of Bioanalysis)

PRESS HARD - you are making 2 copies. Be sure to attach a certificate verifying your attendance and a program brochure or outline.

1. YOUR NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PRINT LAST NAME</td> <td style="width: 30%; text-align: center;">PRINT FIRST NAME</td> <td style="width: 20%; text-align: center;">M.I.</td> </tr> </table>		PRINT LAST NAME	PRINT FIRST NAME	M.I.											
PRINT LAST NAME	PRINT FIRST NAME	M.I.														
2. YOUR MAILING ADDRESS	NUMBER AND STREET															
	Is this a change? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	NUMBER AND STREET (cont'd) OR OTHER THAN U.S.A. CITY AND PROVINCE															
	U.S.A. CITY OR COUNTY	STATE	ZIP OR POSTAL CODE													
3. TELEPHONE □□□-□□□-□□□□ (AREA)	4. AAB/ABB IDENT.# _____		5. ✓ CHECK AS APPLICABLE DEGREE Ph. D. _____ M. D. _____ Dr. PH _____ Other _____ CERTIFICATION MT (AAB) _____ MLT (AAB) _____ POLT (AAB) _____ BCLD (ABB) _____ HCLD (ABB) _____ ELD (ABB) _____ TS (ABB) _____ Other _____													
6. TYPE OF PROGRAM (CHECK ONE)	_____ A1: Lecture, seminar, workshop, symposium _____ A2: Teleconference, videotape, audiotape _____ A3: Self-study _____ A4: Formal, academic credit (college or university course) _____ A5: Presentation of scientific seminar or workshop															
7. TITLE OF PROGRAM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">Use Numerals Only</td> <td colspan="3" style="text-align: center;">10. LOCATION OF PROGRAM (city and state)</td> </tr> <tr> <td style="text-align: center;">Mo</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">to</td> <td style="text-align: center;">Mo</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>			Use Numerals Only			10. LOCATION OF PROGRAM (city and state)			Mo	Day	Year	to	Mo	Day	Year
Use Numerals Only				10. LOCATION OF PROGRAM (city and state)												
Mo	Day	Year	to	Mo	Day	Year										
8. DATE OF PROGRAM (First and last day)																
9. PROGRAM SPONSOR																
FOR PROGRAM OFFICIAL																
I verify the attendance of the above-named individual at this program.																
_____ <i>Signature of program official</i>																
_____ <i>Title (print)</i>																
Number of hours in attendance: _____																
FOR OFFICE USE ONLY																
Program ID#	□□□ - □□□□□□□□	ABB CA PROVIDER #003 ABBFL PROVIDER 50-2202														
Category of credit	□□															
Total # of CEUs Awarded	□□□.□	Date Entered	_____													
		Initials	_____													