Continuing Education Recording Form for Programs
Not Pre-Approved by PEER (American Board of Bioanalysis)

1. **Your Name**
   - Last Name
   - First Name
   - M.I.

2. **Your Mailing Address**
   - Number and Street
   - 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
   - Number and Street (cont’d) or Other Than U.S.A. City and Province

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 (online course)
   - A4: Formal, academic credit (college or university course)
   - A5: Presentation of scientific seminar or workshop

7. **Title of Program**

8. **Date of Program**
   (First and Last Day)

9. **Program Sponsor**

FOR PROGRAM OFFICIAL - NOT VALID WITHOUT A SIGNATURE

I verify the attendance of the above-named individual at this program.

__________________________________________________________________________________

Signature of program official

__________________________________________________________________________________

Title (print)

Number of hours in attendance: ______________________________________________________

FOR OFFICE USE ONLY

Program ID# ____________________

Category of credit

Total # of CEs Awarded

Date Entered ____________________

Initials ________________________