

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

<b>1. YOUR NAME</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PRINT LAST NAME</td> <td style="width: 30%;">PRINT FIRST NAME</td> <td style="width: 10%;">M.I.</td> </tr> </table>		PRINT LAST NAME	PRINT FIRST NAME	M.I.											
PRINT LAST NAME	PRINT FIRST NAME	M.I.														
<b>2. YOUR MAILING ADDRESS</b>	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															
<b>3. TELEPHONE</b> □□□-□□□-□□□□ (AREA)	<b>4. AAB/ABB IDENT.#</b> _____															
<b>6. TYPE OF PROGRAM</b> (CHECK ONE)	<p>_____ A1: Lecture, seminar, workshop, symposium</p> <p>_____ A2: Teleconference, videotape, audiotape</p> <p>_____ A3: Self-study (online course)</p> <p>_____ A4: Formal, academic credit (college or university course)</p> <p>_____ A5: Presentation of scientific seminar or workshop</p>															
	<b>5. ✓ CHECK AS APPLICABLE</b> <b>DEGREE</b> Ph.D. _____ M.D. _____ Dr. PH _____ Other _____ <b>CERTIFICATION</b> MT (AAB) _____ MLT (AAB) _____ POLT (AAB) _____ BCLD (ABB) _____ HCLD (ABB) _____ ELD (ABB) _____ TS (ABB) _____ Other _____															
<b>7. TITLE OF PROGRAM</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>															
<b>8. DATE OF PROGRAM</b> (First and last day)	Use Numerals Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Mo</td><td style="width: 10%;">Day</td><td style="width: 10%;">Year</td> <td style="width: 10%; text-align: center;">to</td> <td style="width: 10%;">Mo</td><td style="width: 10%;">Day</td><td style="width: 10%;">Year</td> </tr> <tr> <td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td> <td></td> <td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td> </tr> </table>	Mo	Day	Year	to	Mo	Day	Year								<b>10. LOCATION OF PROGRAM</b> (city and state)
Mo	Day	Year	to	Mo	Day	Year										
<b>9. PROGRAM SPONSOR</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>															
<b>FOR PROGRAM OFFICIAL - NOT VALID WITHOUT A SIGNATURE</b>																
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: _____																
<b>FOR OFFICE USE ONLY</b>																
Program ID#	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			-									ABB CA PROVIDER #003 ABB FL PROVIDER 50-2202			
		-														
Category of credit	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>															
Total # of CEs Awarded	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">.</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>			.			Date Entered _____									
		.														
			Initials _____													