



# Attendance Record for AAMA CEUs

You will receive an e-mail confirmation when your attendance submission has been processed and the CEUs have been added to attendees' transcripts.

*Thank you*

for delivering quality education programs to CMAs (AAMA) and other health care professionals. Here are some tips to help the registration of AAMA CEUs go smoothly. Before passing out the attendance sheet, share the following information with all attendees:

**\*Typing directions:**

1. Select the Hand tool.
2. Click on the page just to the right of the requested information, such as "Last name:".
3. Type in the information.
4. Print the form immediately.

You cannot save what you type.

- Provide your session approval number to all attendees.
- A member ID number is required to register credits. (Social Security numbers [last four digits] will only be accepted from nonmembers.)
- Do not use abbreviations.
- Use the appropriate attendance sheet for members and nonmembers.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- The program planner must mail, e-mail, or fax attendance records to the AAMA within 30 days.

**You may print out this form and fill it legibly, or you may type\* information into the gray rectangles and then print out the form.**

Program planners must submit the following information to ensure CEUs are registered. Please complete this form and return this page with the Attendance Record sheets:

Class title: \_\_\_\_\_

Date of program: \_\_\_\_\_

Authorization code: \_\_\_\_\_

Approval number (required): \_\_\_\_\_

E-mail: \_\_\_\_\_ Number of pages (including cover): \_\_\_\_\_

Return this page and Attendance Record sheets to [ProgramAttendance@aama-ntl.org](mailto:ProgramAttendance@aama-ntl.org) or fax them to **312/899-8391**.



AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS  
20 N. WACKER DR., STE. 1575  
CHICAGO, ILLINOIS 60606



# Member Attendance Record for AAMA CEUs

- A member ID number is required to receive CEU credit.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- Approval number (required): \_\_\_\_\_
- Program date: \_\_\_\_\_

**\*Typing directions:**

1. Select the Hand tool.
2. Click on the page just to the right of the requested information, such as "Last name:".
3. Type in the information.
4. Print the form immediately.

**You cannot save what you type.**

## Members only. If nonmember, fill out the Nonmember Attendance Record.

**Member ID number\* (required):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**Member ID number\* (required):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**Member ID number\* (required):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**Member ID number\* (required):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**Member ID number\* (required):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**Member ID number\* (required):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

\*If the member ID number is not provided, CEU credit will not be awarded.



# Nonmember Attendance Record for AAMA CEUs

- The last four digits of your Social Security number are required to register credits.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- Approval number (required): \_\_\_\_\_
- Program date: \_\_\_\_\_

**\*Typing directions:**

1. Select the Hand tool.
  2. Click on the page just to the right of the requested information, such as "Last name:".
  3. Type in the information.
  4. Print the form immediately.
- You cannot save what you type.**

**Nonmembers only. *If member, fill out the Member Attendance Record.***

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_