

PROFESSIONAL ACTIVITY CREDIT REQUEST FORM

Complete this form and submit along with proof of the activity to AMT for tracking or keep for your files. Please sign the form before submitting.

Last Name, First Name, Initial

AMT ID#

Address

City, State, Zip, Country

Email

Daytime Phone Number

Please check certification for which this form is submitted (check **only one** per form):

MT MLT COLT RPT RMA CMAS RDA CLC AHI AML

Instructional Presentations

*To earn Category 1 credit, presentation must be related to member's certification or employment as an allied health practitioner. Up to ten (10) clock hours of preparation time may be awarded only once for each program presented. Subsequent presentations of the same program may be eligible to earn credit for presentation time only. No credit given for paid presentations. **Please include typed program.***

Title of Presentation:	Date of Presentation:
Location of Presentation:	Preparation Time (in clock hours; maximum 10 hours):

Published Works

*To earn Category 1 credit, published work must be related to a member's certification or employment as an allied health practitioner. Up to ten (10) clock hours of preparation time may be awarded. Credit may be awarded only for initial publication. **Please include copy of the published work.***

Title of Journal in which Publication Appeared:	Date of Publication:
Title of Published Work:	Preparation Time (in clock hours; maximum 10 hours):

Written Reports of Professional Conferences:

*To earn Category 2 credit, the conference must be related to a member's certification or employment as an allied health practitioner. Reports are for conferences attended on behalf of AMT Board of Directors only. Up to ten (10) clock hours of credit is given for the length of time required to prepare the report. **Please include a copy of the conference program and typed copy of the report.***

Title of Conference:	Date of Conference:
Location of Conference:	Length of Time in Preparing the Report: (in clock hours; maximum 10 hours)

Signature

I certify that, to the best of my knowledge, the above information is correct. ***Proof of my activity as indicated above is enclosed.***

Signature: _____ Date: _____

Send this form with required proof of activity to: AMT, 10700 West Higgins Road, Suite 150, Rosemont, IL 60018