



**Continuing Education Form**

Please complete the following information and send it to the membership officer to be credited for your continuing education hours. Please attach a certificate of completion or have the instructor sign the bottom portion of this sheet to confirm your attendance. You may also want to attach any course documents, brochures, etc., that will help verify the course as suitable for continuing education credit.

Your Name: Mr. Mrs. Miss. Ms. \_\_\_\_\_

Course Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Total Hours Being Submitted: \_\_\_\_\_ Lecture: \_\_\_\_\_ Practical: \_\_\_\_\_

Course Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please Indicate if this course qualifies you for a new modality, and if so which one: \_\_\_\_\_

\_\_\_\_\_

As the instructor of the above listed course, I verify that \_\_\_\_\_  
attended and participated in the course for the hours noted.

Instructor Signature: \_\_\_\_\_

I attended the above course and am submitting the course hours towards my yearly continuing education requirements. I understand that this information may be verified by AACET.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**For Office use only:**

Continuing Education Hours Approved: YES NO      Approved by: