

CONTINUING EDUCATION CREDIT REQUEST FORMS

(On-Demand Participation Only)



DEADLINE FOR RECEIPT IS April 25, 2022

Return your completed packet by one of the following methods:

Mail for receipt by April 25, 2022, to:
AAFS c/o Continuing Education
410 North 21st Street
Colorado Springs, CO 80904

Or by email: tweaver@aafs.org

CERTIFICATES WILL BE AVAILABLE FOR ONLINE ACCESS APPROXIMATELY TWO WEEKS AFTER RECEIPT, STARTING MARCH 10.

**PLEASE READ INSTRUCTIONS CAREFULLY.
INCOMPLETE PACKETS WILL BE RETURNED FOR CORRECTION/COMPLETION.**

- **THIS PACKET IS FOR VIRTUAL/ON-DEMAND PARTICIPATION ONLY. If you attended in-person and are requesting CE credit for in-person attendance, please use the In-Person CE request forms.**
- **Requests for Continuing Education Credit/Certificates must be received by April 25, 2022.**
- **\$100 Continuing Education Administrative Fee.** If you did not pay the fee with your registration, you may pay upon submission.
- In order to receive a certificate and credit, you must submit the **Credit Reporting Form (page 3) and the On-Demand Session Attendance Worksheet (pages 4).**
- For sessions attended through the virtual platform (On-Demand), complete the On-Demand Attendance Worksheet for each session you attended, documenting the date and time, session name, and length of time in attendance. On-Demand documentation will be verified using virtual platform data for attendance.
- You may not claim hours that exceed available hours of content available on-demand. The eligible number of continuing education hours will be rounded to the nearest .25 hour.
- If a session in-person is ineligible for credit, you may not claim credit through virtual/on-demand participation, even if the session is available through that platform.
- It is the attendee's responsibility to document which sessions were attended and the length of time in attendance.
- Packets may only be submitted after all session attendance has been completed.

As a provider of Continuing Education, AAFS will maintain records of all continuing education credit awarded annually for confirmation by any of the attendees or accrediting continuing education agencies.

2022 CREDIT REPORTING FORM

The CREDIT REPORTING FORM and SESSION ATTENDANCE WORKSHEETS must be received
by April 25, 2022.

Print First Name _____

Print Last Name _____

Degree (MD, DDS, PhD) _____

PLEASE SELECT ONE CONTINUING EDUCATION CREDIT CATEGORY:

Medical (AMA PRA Category 1)

- MD, DO (or equivalent medical degree), or
- PhD Psychologist

- Non-Physician Medical** – *Per AMA, the number of CE hours attended can not be included on Non-Physician Medical certificates. If you wish to receive hours/credits, you may want to request the “General” category instead.*

- Dental** – American Dental Association (ADA CERP)

- Legal** – *AAFS is not a pre-approved provider for any state. You may self-report your hours as needed.*

- General** – *for those whose discipline is not represented in one of the categories above.*

- ❖ **Should you require reporting to an agency, you may submit a copy of the forthcoming AAFS continuing education certificate directly to that agency.**

DECLARATION OF CREDIT:

I affirm that I attended the sessions and hours indicated on my Session Attendance Worksheet(s).

Signature: _____

Certificates will be available approximately two weeks after receipt, starting March 10. An email with the directives on accessing your certificate will be sent from “no-reply@aafs.org” with the subject line “AAFS CE Credit/Certificate”.

OVERALL PROGRAM EVALUATION

Completion of evaluations is optional. Evaluation responses are helpful to AAFS in evaluating your learning, the effectiveness of the meeting and the continuing education program, and in the planning of future meetings. All responses will be kept anonymous and will be used to evaluate the program.

Was the content of this activity fair, balanced, objective, and free of bias? Yes No

If "No", please explain: _____

TOPICS (continuing education needs) that you would recommend for presentation at a future meeting.

INDIVIDUAL SESSION EVALUATION FORMS

*For each evaluation, please identify by using the **session titles** as listed in the official program.*

SESSION DATE: <u>2/</u> / <u>22</u> SESSION TITLE: _____		
Were the presentation's stated objectives met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did this presentation improve your competence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this presentation improve patient outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No / Not Applicable

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