



PDMM[®] RECERTIFICATION APPLICATION

NAME

TITLE OR POSITION

BUSINESS NAME

MAILING ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE

DAYTIME FAX

EMAIL (confirmations will only be sent by email)

Fees:

AADMM member at \$150 \$ _____

Non-member at \$200 \$ _____

Total amount of payment \$ _____

Method of Payment:

____ Payment made by Check or Money Order (Make payable to AADMM)

____ Payment made by Credit Card

____ Please email me a receipt for my records

Credit Card information:

(We accept only) VISA MasterCard

Name on card (Please print)

Account number

3 digit code

Exp. date

Signature

Checklist of items needed to be submitted:

- Completed Application and Re-Certification Fee
- Course Documentation: 1. CEU tracking Sheet 2. Approval forms for non-AADMM course 3. Certificates of Attendance for AADMM or non-AADMM events

**Applications should be submitted within 30 days prior to expiration date.*

To MAIL payment, send completed form with check or money order payable to AADMM: AADMM Registration Office, 174 Crestview Drive, Bellefonte, PA 16823 PHONE: 814-357-9191 EMAIL: certification@aadmm.com