

PDMM[®] Outside Continuing Education Application

PDMM[®]/Applicant Name: _____

Email: _____ Telephone: _____

Provider Name: _____

Course Name: _____

Course Date: _____ Course Times: _____

Course Location: _____

The following information must be provided along with this application:

(Incomplete applications will be returned until all information is provided)

- I have included a course brochure which includes the following:
 - Course date
 - Location, City and State or Provider for online events
 - Breakdown of classroom time (Start and Stop time) (also: education, meals, breaks, etc.)
 - Course objectives/content description (session titles alone are not adequate to determine eligibility)
 - Presenter information (Name/Bio)
- I attended this event in person, phone, webinar or recorded event (self-study is not acceptable)
- I have or will obtain a course sponsor **signed** Certificate of Attendance.
- I am submitting this course prior to event date or no more than 60 days following the event.
- *Recorded events must provide the method of attendance verification:
 - Code verification
 - Sign In/Sign Out/Role Call
 - Time tracking software
 - Exam with passing grade of no less than _____%
 - Other (Please explain: _____)
- If this course is deemed acceptable for continuing education, I understand my course approval letter will be sent to me via the AADMM Certification Tracking Software (denied courses will be sent via email.) I am responsible for obtaining a Certificate of Attendance. I will submit the course approval with a copy of the certificate of attendance as soon as obtained or submit both items along with the recertification documents.

Signature

Date

(Remember courses for personal business experience do not qualify; eg. Business marketing, employee management, and software courses, etc. do not qualify. Continuing education must directly benefit your client.)

Comments: (Use this area to provide additional information that may aid the Certification Board with their decision.)

Please allow 3 weeks for processing. For questions please contact Kelly Dolan at certification@aadmm.com or 877-326-5991.

For Office Use: Date Submitted: _____ Date Replied: _____ Approved: _____ Denied: _____

7-11-14 kjd