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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.)

The Certification Board meets the 2nd week of each month to review applications.

For questions please contact Kelly Dolan at certification@aadmm.com or 877-326-5991.

For Office Use: Date Submitted: \_\_\_\_\_ Date Replied: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_