



CONTINUING EDUCATION PETITION APPLICATION

Please complete this form to request approval for continuing education courses that are not pre-approved by AFAA.

WHAT NAME IS ON YOUR EXISTING CERTIFICATE(S)?

FIRST NAME _____ LAST NAME _____

PHONE (_____) _____ EMAIL _____

ADDRESS _____
Street City State/Zip

WHAT COURSE DID YOU COMPLETE?

Course/CEU Activity Title: _____

Type of Activity: Workshop Seminar Self study Conference Other

Date(s) _____ Contact Hours (excluding scheduled breaks) _____

Course/CEU Provider _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____ Web Site _____

HOW DID THIS COURSE PROVIDE KNOWLEDGE, SKILL AND ABILITY ABOVE ENTRY LEVEL?

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

- Certificate of Completion
- Course outline or agenda
- Instructor resume or bio

PETITION FEE: \$25 for EACH course submitted

Make your petition payment by phone at **800 446 2322, Option 2** or on-line at **AFAA.com**

MAIL THIS APPLICATION AND SUPPORTING DOCUMENTS TO:

AFAA RECERTIFICATION
1750 EAST NORTHROP BOULEVARD SUITE 200
CHANDLER, AZ 85286-1744