

Continuing Education Credits Application AHRMM Affiliated Chapters

AHRMM offers Continuing Education Credits (CEC) hours for educational programs that meet the requirements below. CEC credits are used by professionals to earn or renew certain professional designations, such as the Certified Materials & Resource Professional Certification (CMRP). Please read the instructions and complete the application to be considered for CEC credit hours for an upcoming educational program.

- **APPLICATION DEADLINE** – Complete applications and required documentation must be received at least 60 days prior to the event date. Applications received after this date will incur a late fee in addition to the application fees as outlined below:

Date Received	Late Fee
○ Applications received 30-60 days in advance:	\$150
○ Applications received less than 30 days in advance:	\$300
- **REQUIREMENTS** – The CEC Application, *Multi-Session Description form*, and timed agenda should be emailed to ahrmm@aha.org. AHRMM may request additional information and, if approved, will send a confirmation email and invoice. Upon receipt of payment AHRMM will email the CEC certificate(s). Processing may take two weeks; additional time may be required.
- **CONTENT AND PRESENTERS** – Program organizers and presenters must agree to the *AHRMM Speaker's Agreement* as indicated on the application. Education sessions must be educational and deliver best practices, case studies, resources, and/or solutions relating to the Certified Materials & Resource Professional Certification (CMRP) designation as outlined in the [CMRP Examination Outline](#). Presentations that are commercial in nature and/or attempt to sell specific vendor products and/or services will not be accepted. Company or organizational logos, product photos or any type of sales information may not be used in presentations or handouts.
- **CEC APPROVAL** – *Education programs must be held in 30 or 60 minute increments*. 30 minutes = .5 CEC hour; 60 minutes = 1 CEC hour. Includes only the education portion(s) of the program and *does not include* time spent on general announcements, breaks, exhibits, associated meetings or the like.
- **AWARDING CECs** – Retention of attendee records and distribution of attendee certificates is the *responsibility of the program sponsor(s)/organizer(s)*. Program organizers must make every reasonable effort to verify that attendees complete the education for which CEC hours are awarded. Neither AHA nor AHRMM will track CEC credit for participants and they cannot verify an individual's participation in an educational activity.
- **FEES** – The certificate fee for affiliated chapters is \$80/hour for Standard chapters, \$65/hour for Bronze chapters, \$50/hour for Silver chapters, and \$40/hour for Gold and Diamond chapters per 1-hour live or virtual session. The certificate fee for non-affiliated chapters is \$160/hour. Repeated sessions held on-demand in an online library or learning management system: additional fee of \$100/week per 1-hour session with a maximum of 4 weeks allowed. Certificate fees are non-refundable and **MUST** be received before the certificate will be awarded. In the event of an event's cancellation, the certificate fee may be applied to a future event.

Email application and documentation to ahrmm@aha.org
Questions: (312) 422-3840 or ahrmm@aha.org

Continuing Education Credits Application AHRMM Affiliated Chapters

- Submit**
- 1) program outline and timed agenda (marketing pamphlet/brochure, etc.);
 - 2) completed application;
 - 3) Session description form (pages 2-4 attached if requesting 1-3 individual sessions); **OR**
Excel multi-session description form (if requesting more than 3 individual sessions)

Main Program Title (as it is to appear on the certificate)

Organization Sponsor Name (as it is to appear on the certificate)

Type of Program (check as appropriate)

- In-person education – indicate Location (city, state) _____
- Virtual education
- Expected number of attendees _____

Program Date(s)

- One-Time Presentation Date(s) _____
 - Multiple Presentation/Virtual on-demand Dates (i.e. April 5th-30th) _____ (4 weeks max)
-

Session Information

- Total number of individual sessions within program _____
- Total number of CEC credits _____

Contact Information

Contact Name _____

Title _____

Phone _____

Email _____

Speaker Agreement: AHRMM approved education must be noncommercial. The direct promotion of products and services is prohibited.

By signing this form and the multi-session description form, the representative and presenter(s) agree that the oral, electronic and paper presentation and accompanying session resources are for educational purposes only and will not promote any one commercial entity's product or service type directly or indirectly. If discussed, presenters should use general and generic terms and give a balanced view of each without bias towards any specific one. **Company or organizational logos, product/service photos or any sales information may not be used in presentations or session resources.**

Organization Representative: _____

Signature: _____ Date: _____

Email application and documentation to ahrmm@aha.org
Questions: (312) 422-3840 or ahrmm@aha.org

CEC Session Description Form

Use the ***Excel Multi-Session Description form*** if you are requesting CECs for *more than three sessions*.
Use **pages 3-4** below if you are requesting *CECs for 3 sessions or less*.

Submit this form with an accompanying application to ahrmm@aha.org.

Program Information

PROGRAM TITLE	PROGRAM DATE(S)
ORGANIZATION NAME	

Session Information

SESSION TITLE			SESSION ___ OF ___
SESSION DATE <small>MM/DD/YY</small>	START TIME	END TIME	SESSION LENGTH (# of minutes) <small>Please subtract any breaks included within the session.</small>
Number of CEC contact hours requesting: _____ <small>30 minutes= .5 CEC hour; 60 minutes= 1 CEC hour. AHRMM will evaluate the application and award CEC according to on education provided.</small>			
SHORT DESCRIPTION OF PROGRAM (100 character minimum)			
LEARNING OBJECTIVES (at least 3) Please use specific action verbs (ex: "Review," "Discuss," "Describe", etc.			
TARGET AUDIENCE			

CEC Session Description Form (page 2)

Presenter Information

1 st PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 ND PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

If a session has more than two presenters, please duplicate this page.

<p>Speaker Agreement: AHRMM approved education must be noncommercial and the direct promotion of products and services is prohibited.</p> <p>By signing this form, the organization authorized representative has verified the presenter(s)/ agreement that the oral, electronic and paper presentation and all handout resources and materials for this session are for educational purposes only and will not promote any one specific commercial entity's product directly or indirectly; and if products or services are discussed, will give a balanced view of each without bias towards any specific one.</p> <p>Authorized Representative: _____ Date: _____</p> <p>Signature of Representative: _____</p>	
--	--

Email application and documentation to ahrmm@aha.org
 Questions: (312) 422-3840 or ahrmm@aha.org



Use the ***Excel Multi-Session Description form*** if you are requesting CECs for *more than three sessions*.
 Use **pages 3-4** below if you are requesting *CECs for 3 sessions or less*.

Submit this form with an accompanying application to ahrmm@aha.org.

Program Information

PROGRAM TITLE	PROGRAM DATE(S)
ORGANIZATION NAME	

Session Information

SESSION TITLE			SESSION ___ OF ___
SESSION DATE	START TIME	END TIME	SESSION LENGTH (# of minutes)
MM/DD/YY			Please subtract any breaks included within the session.
Number of CEC contact hours requesting: _____ 30 minutes= .5 CEC hour; 60 minutes= 1 CEC hour. AHRMM will evaluate the application and award CEC according to on education provided.			
SHORT DESCRIPTION OF PROGRAM (100 character minimum)			
LEARNING OBJECTIVES (at least 3) Please use specific action verbs (ex: "Review," "Discuss," "Describe", etc.			
TARGET AUDIENCE			

CEC Session Description Form (page 2)

Presenter Information

1 st PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 ND PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

If a session has more than two presenters, please duplicate this page.

<p>Speaker Agreement: AHRMM approved education must be noncommercial and the direct promotion of products and services is prohibited.</p> <p>By signing this form, the organization authorized representative has verified the presenter(s)/ agreement that the oral, electronic and paper presentation and all handout resources and materials for this session are for educational purposes only and will not promote any one specific commercial entity's product directly or indirectly; and if products or services are discussed, will give a balanced view of each without bias towards any specific one.</p> <p>Authorized Representative: _____ Date: _____</p> <p>Signature of Representative: _____</p>	
--	--

Email application and documentation to ahrmm@aha.org
 Questions: (312) 422-3840 or ahrmm@aha.org



Use the ***Excel Multi-Session Description form*** if you are requesting CECs for *more than three sessions*.
 Use **pages 3-4** below if you are requesting *CECs for 3 sessions or less*.

Submit this form with an accompanying application to ahrmm@aha.org.

Program Information

PROGRAM TITLE	PROGRAM DATE(S)
ORGANIZATION NAME	

Session Information

SESSION TITLE			SESSION ___ OF ___
SESSION DATE	START TIME	END TIME	SESSION LENGTH (# of minutes)
MM/DD/YY			Please subtract any breaks included within the session.
Number of CEC contact hours requesting: _____ 30 minutes = .5 CEC hour; 60 minutes = 1 CEC hour. AHRMM will evaluate the application and award CEC according to on education provided.			
SHORT DESCRIPTION OF PROGRAM (100 character minimum)			
LEARNING OBJECTIVES (at least 3) Please use specific action verbs (ex: "Review," "Discuss," "Describe", etc.			
TARGET AUDIENCE			

CEC Session Description Form (page 2)

Presenter Information

1 st PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 ND PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

If a session has more than two presenters, please duplicate this page.

<p>Speaker Agreement: AHRMM approved education must be noncommercial and the direct promotion of products and services is prohibited.</p> <p>By signing this form, the organization authorized representative has verified the presenter(s)/ agreement that the oral, electronic and paper presentation and all handout resources and materials for this session are for educational purposes only and will not promote any one specific commercial entity's product directly or indirectly; and if products or services are discussed, will give a balanced view of each without bias towards any specific one.</p> <p>Authorized Representative: _____ Date: _____</p> <p>Signature of Representative: _____</p>	
--	--

Email application and documentation to ahrmm@aha.org
 Questions: (312) 422-3840 or ahrmm@aha.org