

## Continuing Education Credits Application AHRMM Non-Affiliated Organizations

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:
 

<b>Date Received</b>	<b>Late Fee</b>
○ Applications received 30-60 days in advance:	\$500
○ Applications received less than 30 days in advance:	\$1,000
  
- **REQUIREMENTS** – The CEC Application, *Multi-Session Description form*, and timed agenda should be emailed to [ahrmm@aha.org](mailto: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 CEC certificate fee is \$450 per 1-hour live or virtual session. Repeated sessions held on-demand in an online library or learning management system: additional fee of \$500/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](mailto:ahrmm@aha.org)  
 Questions: (312) 422-3840 or [ahrmm@aha.org](mailto:ahrmm@aha.org)

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- 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)

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

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**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)

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**Session Information**

\_\_\_\_\_ Total number of individual sessions within program

\_\_\_\_\_ Total number of CEC credits

**Contact Information**

Contact Name	
Title	
Company	
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: \_\_\_\_\_

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Questions: (312) 422-3840 or [ahrmm@aha.org](mailto:ahrmm@aha.org)

## CEC Session Description Form

Use the ***Excel Multi-Session Description form*** (obtain from [ahrmm@aha.org](mailto:ahrmm@aha.org)) if you are requesting CECs for *more than three* sessions. Use **pgs. 3-4** below if you are requesting CECs for *3 sessions or less*.

Submit this form with an accompanying application to [ahrmm@aha.org](mailto:ahrmm@aha.org).

### **Program Information**

PROGRAM TITLE	PROGRAM DATE(S)
ORGANIZATION NAME	

### **Session 1**

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 <sup>st</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 <sup>ND</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

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

<p><b>Speaker Agreement: AHRMM approved education must be noncommercial and the direct promotion of products and services is prohibited.</b></p> <p><b>By signing this form, the organization authorized representative</b> 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>	
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**Program Information**

PROGRAM TITLE	PROGRAM DATE(S)
ORGANIZATION NAME	

**SESSION 2**

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 <sup>st</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 <sup>ND</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
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**Program Information**

PROGRAM TITLE	PROGRAM DATE(S)
ORGANIZATION NAME	

**SESSION 3**

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 <sup>st</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

2 <sup>ND</sup> PRESENTER NAME	
TITLE	
ORGANIZATION	
EMAIL:	PHONE:
ONE-PARAGRAPH BIO	

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