Session Description Excel Form for AHRMM Continuing Education Credit (CEC)

All information is required. Return this completed spreadsheet with the first page of your application (no need to complete the remaining session description forms) to ahrmm@aha.org. Organization Contact Name and Email: ______
Full Chapter/Organization Name: ______
Program/Event Name: _____
Program/Event Date(s): _____
TOTAL number of CECs being requested: _____

Session Date MM/DD/YY	Start Time - End Time	Session Title	Session Length	# of CPE hours requested	Session Description	Learning Objectives (at least 3)	1st Presenter Name	Bio	2nd Presenter Name (if any)	Bio	3rd Presenter Name (if any)	Bio