

ACMPE Generic Credit Hour Form

This form is to be used by ACMPE members to submit for credit hours educational activities other than those produced by MGMA/MCFR/ACMPE. If you are not presently a member of ACMPE and apply for admission within 30 days of this program, you may receive continuing education credit toward professional certification for your attendance at this program.

☐ Please send me information about joining the American College of Medical Practice Executives

Instructions: Complete the following three steps and submit to ACMPE.

1. Contact information:

- ☐ Please change my address.

Name _____ MGMA/ACMPE Member # _____

Title _____ Organization _____

Address _____

City _____ State _____ Zip _____

Busn Phone () _____ Fax () _____ E-mail _____

2. Check the appropriate box and attach supporting documentation:

- ☐ **Educational programs** (e. g. conferences) – Attach a copy of the program agenda or schedule identifying the date, times and title of each session. Please initial the sessions you attended.
- ☐ **College/university course work and independent study courses** – Provide a copy of your transcript with course description of each class you wish to be considered. Write the start date, end date and number of weeks you attended each class directly on your transcript.
- ☐ **Published articles/reviews of literature/books** – Provide a copy of the title page (that includes your name, publisher and date of publication) and the table of contents.
- ☐ **Formal, oral presentation** – Provide a copy of the program agenda or schedule identifying the length of your presentation, title, sponsoring organization, date and location.
 - ☐ Check here if this is the first time you have given this presentation.
- ☐ **Distance learning** (e. g. audio conferences, self-study, Internet courses) – Attach a copy of the program description identifying the title of the session, the sponsoring organization, interactive activities and the amount of credit granted for the program.

3. Program information:

Sponsoring organization/journal/publisher _____

Title of program/article/book/presentation _____

Date of activity _____ Number of contact hours _____

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