

Application for Continuing Education Contact Hours

Note: Application and processing fee must be submitted at least 60 days prior to scheduled event. Disposition and approval number (if applicable) will be provided to applicant by mail.

Date(s) of Event:	Contact Hrs. Applied For: <i>(Instructional Clock Hours only; exclude break.</i>
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Title of Event:

Location of Event:

Sponsoring Organization:

Address:

Name of person submitting application:

Address:

Contact phone number: Contact fax number:

Contact e-mail address:

Describe briefly how the event will lead to improved professional competence for Addiction Professionals:

Please fill out A-1 and A-2 for each presenter



Mississippi Association of Addiction Professionals

"Bringing All The Pieces Together"

Please list the educational objectives for each topic

(page may be duplicated as needed).

Title	Time	Hrs.	Objectives	Presenter



APPLICATION CHECK LIST

- Completed Application forms
- Resume, CV, or VITA for each presenter
- Short BIO for each presenter
- Completed A-1 and A-2 forms for each presenter
- Application Processing Fee included

Application for Continuing Education Contact Hours

Processing Fee

Total Number of Hours	Cost
<i>1 – 25</i>	<i>\$ 50.00</i>
<i>26 – 50</i>	<i>\$ 100.00</i>
<i>51 – 100</i>	<i>\$ 150.00</i>
<i>101 +</i>	<i>\$ 200.00</i>

(Please Print)

Total Amount Enclosed \$ _____

Payment Type: Check/Money Order _____ Payable to “MAAP”

Amount Authorized to Charge Credit Card: VISA _____ MasterCard _____ (Sorry, No AmEx)

Credit Card No: _____ Expiration Date: _____

Signature*: _____ Card Verification Number _____

***By signing below you authorize MAAP to charge this credit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Billing Address: _____

(Credit/Debit card payment pay be mailed, faxed, or emailed to the MAAP office)
 4785 Old Canton Road, Jackson, MS 39211 ~ Fax - 601-321-2086 ~ Email – info@msaap.net Rev-01-2016