

# Generic Credit-Hour Form

American College of Medical Practice Executives® (ACMPE®) members: Use this form to submit continuing education credit hours for educational activities other than those sponsored by the Medical Group Management Association (MGMA), ACMPE and the MGMA Center for Research.

**Instructions:** Complete the following four steps. Mail or fax to ACMPE.

## 1. Contact information (Please print clearly or type.)

Please change my address.

Prefix/Rank	First name	Middle initial	Last name	Suffix	MGMA/ACMPE Member ID
_____					
Title					
_____					
Organization/medical school					
_____					
Address					
_____					
City	State	ZIP code			
( )		( )			
Business phone	Ext.	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. Initial the sessions you attended.
- College/university coursework and independent study courses** — Attach a transcript; a copy is acceptable. Complete the following:
- Start date of course \_\_\_\_\_ End date of course \_\_\_\_\_ # of weeks \_\_\_\_\_
- # of classes/week \_\_\_\_\_ # of hours/class \_\_\_\_\_
- Published articles and books authored by you** — Attach a copy of the title page (must include your name, publisher and date of publication) and the table of contents.
- Formal, oral presentation** — Attach 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, date completed, 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
/ /	

## 4. Attach documentation

Submissions will not be credited to your ACMPE transcript until all information is received. Mail or fax to:

**Mail:** ACMPE, 104 Inverness Terrace East, Englewood, CO 80112-5306

**Fax:** 303.643.4427



[www.acmpe.com](http://www.acmpe.com)

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