



# PSIA/AASI-E EDUCATION CREDIT REQUEST FORM



In order to receive credit for a non-PSIA/AASI event, we require a written or e-mail request for approval of the event in advance. The request must provide us with details of what the event will entail and its duration. Eastern members may only attend one non-PSIA clinic for credit every 4 years. *Complete this form and e-mail msullivan@psia-e.org, or fax to 518-452-6099, or mail to: Mickey Sullivan, PSIA-E/AASI, 1-A Lincoln Ave, Albany, NY 12205*

**THIS FORM MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO THE EVENT FOR PRE-APPROVAL.**

NAME \_\_\_\_\_ MEMBER # \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. (H) \_\_\_\_\_ / \_\_\_\_\_ (W) \_\_\_\_\_ / \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

EVENT NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

EVENT DESCRIPTION (Include information on who will be conducting the training and what material will be covered. If descriptive literature is available, it can be attached instead of writing a description.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach any other information concerning this event that is available.

Your Signature \_\_\_\_\_

***After participating in the education event, the member must return documentation signed by an official of the sponsoring organization to the PSIA-E office in order to receive education credit for the current season.***

This is to verify that \_\_\_\_\_ (Name) \_\_\_\_\_ (Member #)

Attended the event specified above on \_\_\_\_\_ (Date)

Signed \_\_\_\_\_ (Clinic Leader/Director)

**\$25 administrative fee is included**

Check # \_\_\_\_\_

Credit card \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_\_

OFFICE USE ONLY      Approved and Notified \_\_\_\_\_      Not approved and notified \_\_\_\_\_