



PSIA-AASI Eastern Division OUTSIDE 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 dharinga@psia-e.org, or fax to 518-452-6099, or mail to: Don Haringa, PSIA-AASI Eastern Division, 5 Columbia Circle, Albany, NY 12203*

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)

\$50 administrative fee is included

Check # _____

Credit card _____ - _____ - _____ - _____ Exp ____ / ____

OFFICE USE ONLY Approved and notified _____ Not approved and notified _____