

# American Institute of Building Design

## Continuing Education Credit Request Form

This form may be used in either of two ways:

- 1) The Provider of an AIBD sanctioned educational event may enter the time, place and subject of the event and **ALSO PROVIDE** a list of all the AIBD professional-level members attending.
- 2) An individual AIBD professional-level member may apply for CE units for: a) any of the approved events or activities referred to in the AIBD CE policy; or b) petition the Education Committee for CE units to an event or activity not specifically approved in the policy

This form is to be filled out completely, providing as much information as possible and mailed or faxed to the national AIBD office at:

7059 Blair RD N.W. Suite 201, Washington, D.C. 20012; Fax (866) 204-0293; E-mail: info@aibd.org

**PROVIDERS:** Please attach a legible list of the names of all AIBD professional-level members who attended this event or activity. State-sponsored meeting/event attendance sheets must be submitted by a state society officer to the AIBD national office by fax, e-mail or mail.

**INDIVIDUALS:** Please attach proof of attendance/participation (preferably one page only) to this form when submitting. **A certificate (if any) or other proof of attendance should accompany this form.** In lieu of a certificate, you may have the presenter sign this CE Request Form at the time of the CE event. If you are applying for CE units for non-provider activities, such as writing an article or serving on a board/community committee/agency, **please provide a copy of the article or a verification or appointment letter from the board/community committee/agency.** If you are requesting CE units for activities not specifically approved within the policy, submit a written petition stating your reasons why you think this activity should be accepted for CE units and include copies of all the information you think will be needed to make a determination by the AIBD Education Committee.

### EVENT OR ACTIVITY

DATE HELD: \_\_\_\_\_ EVENT LOCATION (CITY & STATE) \_\_\_\_\_

PROVIDER OF EVENT: \_\_\_\_\_

TITLE OF EVENT OR ACTIVITY: \_\_\_\_\_

LENGTH OF EVENT (in hours) \_\_\_\_\_

BRIEF DESCRIPTION OF MATERIALS (handouts) DISTRIBUTED: \_\_\_\_\_

### PARTICIPANT

NAME OF PARTICIPANT: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE OF PRESENTER (if applicable): \_\_\_\_\_

### STAFF USE ONLY

PETITION RESPONSE: Date of Committee decision: Approved: \_\_\_\_\_ Disapproval: \_\_\_\_\_  
Reasons: \_\_\_\_\_

Committee Chairperson's Signature: \_\_\_\_\_