

**American Medical Directors Certification Program (AMDCP)  
CMD CREDIT APPLICATION**



**Please complete the following form using the tab key or mouse to move between fields. Type an "X" in the box corresponding to your choice, or type in your response as directed. Text boxes will expand to accommodate text entered.**

Title of course/program:	
Date(s):	
Location:	
Primary Sponsor:	
Other Sponsors, if any:	
Is Category 1 CME provided? <i>please check one</i>	
<input type="checkbox"/> yes, by primary sponsor	
<input type="checkbox"/> yes, by another provider:	
<input type="checkbox"/> no	
Primary Contact:	
Contact Phone:	Contact E-mail:
Target audience:	
Expected attendance:	
Please attach the following items:	
1. A copy of the preliminary program, including specific sessions and speakers. If preliminary program is not available, please submit a detailed agenda indicating session titles, times and speakers.	
2. A statement of the educational objectives of the course, which must be included in the final program. This is a description of what the registrant will gain by attendance at the course.	
3. A list of faculty members.	
4. Course review fee of \$15/hour; \$250 minimum.	

At the conclusion of the course, please send us a copy of the final program and a list of names and addresses of participants.

**Payment of the application fee is made by:**

Check payable to AMDCP       MasterCard       Visa       American Express

Total Amount: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

<p><b>Mail to:</b> AMDCP Program Administrator American Medical Directors Certification Program 11000 Broken Land Parkway Suite 405, Columbia, MD 21044</p>	<p>or send via e-mail to <a href="mailto:awilley@amda.com">awilley@amda.com</a>, or fax to Alicia Willey at: 410-740-4572. Questions: 410-740-9743 <a href="mailto:awilley@amda.com">awilley@amda.com</a> 800-876-AMDA</p>
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