



Date Submitted: _____
 Date Mailed: _____
 For Office Use Only

AMCA Outside CE Order Form

Step 1: Personal Information

Candidate Name: _____ SS #: _____

Candidate Address: _____

City: _____ State: _____ Zip: _____

Phone Number (C or H): _____ Email Address: _____

Step 2: Outside CE Credit information

The **AMCA** accepts Continuing Ed Credits or Units from outside providers. Please complete CE Name, # of hours and or # of CE units and submit with documentation and/or proof of course completion. The AMCA CE Department will review and either approve or deny. You will receive an email within 7 days.

All **AMCA** CE order forms must be submitted with payment in the form of a credit card or money order.

			Approved AMCA Use Only	
1) CE Name _____	# of Hours _____	# CE Credits _____	_____	
2) CE Name _____	# of Hours _____	# CE Credits _____	_____	
3) CE Name _____	# of Hours _____	# CE Credits _____	_____	
4) CE Name _____	# of Hours _____	# CE Credits _____	_____	
5) CE Name _____	# of Hours _____	# CE Credits _____	_____	
6) CE Name _____	# of Hours _____	# CE Credits _____	_____	
7) CE Name _____	# of Hours _____	# CE Credits _____	_____	
8) CE Name _____	# of Hours _____	# CE Credits _____	_____	
9) CE Name _____	# of Hours _____	# CE Credits _____	_____	
10) CE Name _____	# of Hours _____	# CE Credits _____	_____	
Total		# of Hours _____	# CE Credits _____	_____
Total # of Credits _____ x's \$11.00 per credit: \$ _____				

Expired Certification:

Candidates will have up to one year to reinstate their expired certification
 If expired a \$25.00 Reinstatement Fee will be assessed.

Reinstatement Fee: \$ _____

Total Amount: \$ _____

Step 3: Payment Method and Information

Credit Card (NO PERSONAL CHECKS ACCEPTED, CREDIT CARD OR MONEY ORDERS ONLY)

Name on Card: _____

Billing Address: _____

Card Number: _____ Exp. Date: ____/____ CSV: _____

Money Order: # _____ Amount Enclosed \$ _____

Step 4: Card Holders Signature Required: _____

Inquiries/Questions send to: AMCA, 194 US Highway 46 East. Fairfield, NJ 07004 FAX: 973.582.1801