

ABP CONTINUING EDUCATION REGISTRATION FORM

To earn continuing education (CE) credit:

1. Complete the form below
2. Record you answers from the self-assessment quiz
3. Mail this form to:

ABP
P. O. Box 127
Granger, IN 46530
Phone: 574-277-0691 Fax: 574-277-4624

A certificate and credit will be awarded to participants who achieve a passing grade of 70% or better. Participants should allow 2 weeks for notification of scores and receipt of certificates.

NOTE: Make sure to include correct payment with your registration form.

Print or type carefully

American Certification Agency (ACA) certification number

Name

Address

City/State/Zip

Phone Number _____

Date

Please check all that apply:

I am certified by ACA

I would like to receive ACA certification information

I am not certified by ACA

I would like information on other CE opportunities

Self-Assessment Quiz Answers Topic:

1. a. b. c. d.

6. a. b. c. d.

2. a. b. c. d.

7. a. b. c. d.

3. a. b. c. d.

8. a. b. c. d.

4. a. b. c. d.

9. a. b. c. d.

5. a. b. c. d.

10. a. b. c. d.

Participant Information

- | | | | | | |
|----|---|-----------|------|------|------|
| 1. | To what extent did the material focus on or clarify the objectives? | Excellent | Good | Fair | Poor |
| 2. | To what extent was the material well organized and readable? | Excellent | Good | Fair | Poor |
| 3. | To what extend the material provided useful technical information or address timely issues? | Excellent | Good | Fair | Poor |
| 4. | To what extent were figures, tables, and diagrams helpful in understanding the text? | Excellent | Good | Fair | Poor |
| 5. | Is this program used to meet your CE requirements? | Yes | No | | |
| | If yes, for: State License Recertification Employment Other (specify) | | | | |
| 6. | What subjects would you like to see addressed in future CE opportunities? | | | | |
| 7. | How long did it take you to complete both the reading and the quiz? | | | | |