

# ABP CONTINUING EDUCATION REGISTRATION FORM

## To earn continuing education (CE) credit:

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

ABP LLC  
P. O. Box 127  
Granger, IN 46530  
Phone: 574-333-3908 Fax: 574-333-2743

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.
2. a. b. c. d.
3. a. b. c. d.
4. a. b. c. d.
5. a. b. c. d.

6. a. b. c. d.
7. a. b. c. d.
8. a. b. c. d.
9. 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 extent 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?