



APPLICATION FOR APPROVED CONTINUING EDUCATION PROVIDER STATUS

Instructions: Please complete this application and return to the MAAP office at 4785 Old Canton Road, Jackson, MS 39211

Name of Organization: _____

Type of instruction: _____
(Webinar, workshop, conference.....)

Name of Continuing Education Representative: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Web Page: _____

Application Checklist: Please label your attachments clearly. Print or type all attachment forms.

Program registration forms

Brochures / announcements.

Copy of certificate used to declare attendance.

**Brochures, Announcements and Registration forms must be sent to the MAAP office each year.*

I certify that the information provided herein is accurate. I agree to abide by the current MAAP Continuing Education Policies and Procedures in regard to the offering of activities and to the requirement set forth in this application. This application for Approved Continuing Education Provider Status will be in effect after review and approval of the MAAP Education Committee and the MAAP Board of Directors. The continuing education hours are available to all MAAP members in attendance. Any Ethical education hours must be in accordance with the IC&RC domains. This provider status is ongoing for one year unless written termination is received by either party.

Signature

Date

MAAP Office Use	Agreement Approved _____	_____
	Signature of MAAP Representative	Date