



## Certified Clinical Financial Auditor (CCFA) Application Overview and Payment Form for CCFA CEU's

Thank you for your interest in providing Continuing Education Units for CCFA. Please complete the application below for approval to submit educational presentations for Continuing Education Units and email to [certification@aamas.org](mailto:certification@aamas.org)

- You will receive an email from the CCFA Certification Committee after approval of the topic and objectives.
- The CCFA committee will review submitted applications and respond within 30 days of receiving your application. Please submit materials at least 30 days in advance of date needed.
- You will be notified of final approval and CEU fee by email from the CCFA Certification Committee. The Fee Schedule for obtaining Continuing Education Units for American Association of Medical Audit Specialists:

Number of CEUs	Non-Affiliate Fee	Affiliate Fee
1-8 CEUs	\$100	\$0
9-18	\$200	\$100
More than 18	\$300	\$200

### To apply:

An application fee of \$200 will apply to any CCFA continuing education unit requests outside of state organizations, AAMAS members and their business affiliates. Application fee will be waived for affiliates and CEUs provided for AAMAS website. Please submit application fee payment with your application.

### If Applicable, \$200 fee is made payable by:

- Check/Money order payable to **AAMAS** and mailed to:

AAMAS  
7044 S. 13th St.  
Oak Creek, WI 53154

- Credit Card:

Visa  
  MasterCard  
  American Express  
  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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

**TOTAL:** \_\_\_\_\_

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to:  
AAMAS, 7044 S 13th St. Oak Creek, WI 53154. Credit Card Payments can be faxed to AAMAS at 414-768-8001.



# Certified Clinical Financial Auditor (CCFA) CEU Application

Name of Requestor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of AAMAS?  Yes  No

Name of Business/Employer or Professional Organization Sponsoring the educational presentation (if any):  
\_\_\_\_\_

Fee Schedule for obtaining Continuing Education Units for American Association of Medical Audit Specialists:

Number of CEUs	Non-Affiliate Fee	Affiliate Fee
1-8 CEUs	\$100	\$0
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**Please provide the following information for each speaker and topic. One hour of presentation is equal to one CEU.**

Number of CEUs Requested: \_\_\_\_\_

Name and Credentials of Presenter: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Topic/Title of the presentation: \_\_\_\_\_

Three (3) main objectives of the presentation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Number of CEUs Requested: \_\_\_\_\_

Name and Credentials of Presenter: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Topic/Title of the presentation: \_\_\_\_\_

Three (3) main objectives of the presentation:

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Length of Presentation: \_\_\_\_\_

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