



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

- 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 Discover

Should American Express be your ONLY method of payment, please fill out the form and indicate you will pay by check/money order. We then ask you to call our finance department so they can hand process the payment. Phone: 414-908-4941 ext 105. Thank you! -The AAMAS Board.

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):

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Number of CEUs	Non-Affiliate Fee	Affiliate Fee
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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: _____

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