



# CM Point Request Form for Category 4 – Educational Events

*Instructions - Complete Sections 1-3.*

### Section 1: Event Description

<b>Activity Provider</b> <small>Org. that owns the source material</small>	
<b>Activity Title</b>	
<b>Delivery Date(s)</b>	Enter Start Date (mm/dd/yy): _____ and End Date: _____ Or, if offered multiple times during a calendar year? <input type="checkbox"/> Enter Year: _____
<b>Delivery Format</b> <small>(See definitions on web site)</small>	Physical Presence <input type="checkbox"/> Both Available <input type="checkbox"/> Distance Learning <input type="checkbox"/> Blended (requires use of both formats) <input type="checkbox"/>
<b>Delivery Location</b>	<i>Leave blank if the event is available <u>only</u> as Distance Learning <u>or</u> if it's offered in multiple locations.</i> Enter City and State: Country (if other than U.S.):
<b>Activity Type</b>	Conference <input type="checkbox"/> Course <input type="checkbox"/> Academic Course <input type="checkbox"/>
<b>Technical Contact Time</b>	_____ (hrs)      Academic Course Credits: _____ Check if on quarter-hr system <input type="checkbox"/> CEUs (if awarded): _____ <small>See <a href="http://www.abih.org/general/cmpointrequest.html">http://www.abih.org/general/cmpointrequest.html</a> for exclusions, e.g. welcomes, breaks, networking.</small>
<b>Free Activity</b>	<u>Any</u> CIH can participate at no cost. <input type="checkbox"/>
<b>Ethics Included</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
<b>Description<sup>1</sup></b>	If "yes" & during a multi-track event, identify the specific ethics session See Attachment <input type="checkbox"/> <u>or</u> URL (if needed): <sup>1</sup> An agenda, schedule, or syllabus showing subject matter and length. It is <u>not necessary</u> to submit the actual Activity learning materials (e.g. slides) <u>or</u> personal documents verifying completion unless requested by ABIH.
<b>Previous CM Approval #</b>	Content & length same as before:      Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
<b>Comments</b> (if needed):	

### Section 2: Your Contact Information

<b>Requested by</b>	AIHA Local Section <input type="checkbox"/> Government or Affiliated <input type="checkbox"/> Association/Council/Society <input type="checkbox"/> Professional Training Organization <input type="checkbox"/> CIH/CAIH <input type="checkbox"/> University <input type="checkbox"/> Company <input type="checkbox"/> Other <input type="checkbox"/>
<b>Your Name</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Expedited Service</b>	<i>If your need is urgent, a 2 business day review is available for \$50. Phone ABIH for this service.</i>

### Section 3 – Submit form & supporting documents (if needed)

Submit ONE TIME via email, fax or postal mail:      **Email:** [cm@abih.org](mailto:cm@abih.org)  
**Fax:** 517-321-4624  
**Mail:** ABIH, 6015 W. St. Joseph Hwy, Suite 102, Lansing MI 48917  
**Questions:** Phone ABIH at 517-321-2638

#### For ABIH Use Only

<b>Review Date</b>	<b>CM Points</b>	<b>I H   S   E   M</b>
<b>dB Entry Date:</b>	<b>CM#:</b>	<b>CM# Date Extension:</b>