



# USSA CONTINUING EDUCATION REQUEST FORM



In order to receive continuing education for your USSA certification, we require a written or e-mail request for approval of the event in advance. The request must provide us with details of what the event will entail and its duration. Complete this form and email [education@ussa.org](mailto:education@ussa.org) , fax to 435.940.2790, or mail to: USSA, Attn: Education, PO Box 100, Park City, UT 84060

NAME \_\_\_\_\_ MEMBER # \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (MOBILE) \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

EVENT NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

EVENT DESCRIPTION (Include information on who will be conducting the training and what material will be covered. If description literature is available, it can be attached instead of writing a description.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach any other information concerning this event that is available.

\_\_\_\_\_  
 Your Signature

***After participating in the event, the member must return documentation signed by an administrator of the event to the USSA office in order to receive continuing education credit.***

This is to verify that \_\_\_\_\_ (Name) \_\_\_\_\_ (Member #)

Attended the event specified above on \_\_\_\_\_ (Date)

Signed \_\_\_\_\_ (Clinic Leader/Director)

OFFICE USE ONLY      Approved and Notified \_\_\_\_\_      Not Approved and Notified \_\_\_\_\_