



(For BLS Use Only)
BLS CM Number _____
Date Received _____

## Application for Certification Maintenance Points

### Description of Certification Maintenance:

Type of Activity: (Short Course, Publication, Attendance at Meeting, Committee Membership, etc.)	
_____	
Duration of Activity:	
_____ Hours	_____ Days
_____ Semester Hours	Other (Describe) _____
Course Title or Activity: _____	
Date of Course Activity: _____	
Name and Address of Sponsoring Organization: _____	
_____	
Contact Person for Organization: _____	
Phone & Email Address: _____	

**Please attach a description, agenda, and CV of any speaker or instructor of the course or activity to assist the BLS in its evaluation.**

### Requestor Information

Name and Address: _____	
Phone & Email Address: _____	
Signature of Requestor: _____	Date: _____

### Purpose of Request for Certification Maintenance Points

Individual Use by Requestor	For all Individuals attending the activity
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### For BLS Use

Total Credits Awarded: _____	
Add activity to pre-approved listing	yes                      no
Basis for CM's: _____	
Signature: _____	Date: _____