

**AIR FORCE MEDICAL SERVICE
APPLICATION FOR APPROVAL OF CONTINUING HEALTH EDUCATION OFFERING**

(CONTINUING EDUCATION APPROVAL AND RECOGNITION PROGRAM)

FOR REVIEW COMMITTEE USE ONLY

DATES		ACTION	
RECEIVED	REVIEWED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED

COMMENTS

IDENTIFICATION/APPROVAL CODE/COURSE/OFFERING NUMBERS	CONTACT HOURS AWARDED
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REVIEW COMMITTEE (Signature)	DATE RETURNED TO SPONSOR
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TO BE COMPLETED BY SPONSOR

CORPS BSC DC MC MSC NC

Complete this form in triplicate. Retain one copy and forward original and one copy to AFMPC/DPMMU, Randolph AFB TX 78150-6001.

SPONSORING AGENCY AND ADDRESS WITH ZIP CODE	TITLE OF OFFERING
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INCLUSIVE DATES	TARGET AUDIENCE	
	TYPE OF AUDIENCE	PROJECT SIZE
DATE SUBMITTED	CONTACT HOURS REQUESTED ¹ <i>(Excluding admin time, coffee breaks, etc.)</i>	

The following information will be considered when reviewing an educational offering for approval. Documentation will be attached in the form of AF Forms 2662 and 2663, course announcements, and other relevant materials.

1. DETERMINATION OF LEARNING NEED *(How did you determine the need for this offering?)* ²

2. OFFERING OVERVIEW *(Brief summary of major context to be presented)* ²

3. LIST NAMES, GRADES, CORPS AND DUTY TITLES OF INDIVIDUALS RESPONSIBLE FOR PLANNING ²

¹ 50 MINUTES = 1 CONTACT HOUR (NC only, All others 60 minutes) ² If additional space is needed, use reverse, Item 5

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

4. DESCRIBE PHYSICAL FACILITY IN WHICH OFFERING IS HELD. IS IT APPROPRIATE?

5. ADDITIONAL COMMENTS

6. APPROVED COURSE WAS CANCELLED ON _____ . REASON FOR CANCELLATION
(DATE)

DATE NOTIFICATION OF CANCELLATION FORWARDED TO

PRINT NAME OF CONTACT PERSON

POSITION TITLE, AND DSN OFFICE PHONE NO.

DATE SUBMITTED

SIGNATURE OF APPLICANT