

RENEWAL CONTINUING EDUCATION PROVIDER/WEB BASED



**American Academy
of Health Care Providers
IN THE
Addictive Disorders**

RENEWAL APPLICATION

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Were there changes/updates to the approved course between 2021 and 2022?

Yes____ No____

If yes, please provide an explanation and documentation if available.

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PLEASE UPDATE THE FOLLOWING CONTACT INFORMATION:

NAME OF PROVIDER ORGANIZATION: _____

CONTINUING EDUCATION CONTACT: _____ TITLE: _____

ADDRESS: _____

CITY/STATE ZIP: _____ COUNTRY _____

TELEPHONE: _____ FAX: _____

WEBSITE: _____ EMAIL: _____

Signed: _____ Title _____ Date: _____
Authorized Signature

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ANNUAL RENEWAL FEE: \$200 per year

PAYMENT OPTIONS:

Check

Please email me an electronic invoice to pay online.

Mail check and application to:

American Academy of Health Care Providers
314 W. Superior St Suite 508
Duluth, MN 55802

Questions?

Please contact us 888-429-3701 or
info@AmericanAcademy.org