

RENEWAL CONTINUING EDUCATION PROVIDER/ONLINE



**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 2022 and 2023?

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

[ONLINE PAYMENT LINK](#)