



(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

<input type="checkbox"/> Individual Use by Requestor	<input type="checkbox"/> For All Individuals Attending the Activity
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### For BLS Use

Total Credits Awarded: _____	
Add activity to pre-approved listing	<input type="checkbox"/> yes <input type="checkbox"/> no
Basis for CMs: _____	
Signature: _____	Date: _____