

# Live Repeat Activity Details and AANP CE Website Calendar Request Form

**Activity ID# if already accredited:** \_\_\_\_\_

**I. Repeat Request:** How many repeat presentations (beginning with the 3<sup>rd</sup> offering) will be available for this activity during the 1-year approval period? \_\_\_\_\_

Complete the following for each repeat presentation. Please see policy for more information on repeat limits/fees.

Tier	Repeat #	Activity Location (City, State)	Activity Date
1	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
2	11		
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
3	20		
	21		
	22		
	23		
	24		
	25		

**II. CE Website Calendar Request:** I am requesting this activity be placed on the AANP CE Website Calendar \_\_\_\_\_ (initial here)

This activity is: \_\_\_\_\_ Live \_\_\_\_\_ Enduring

Submitting Sponsor/Provider: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Initial Activity Date (must match date on cover sheet): \_\_\_\_\_

**Activity Primary Contact Person:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Website/URL:** \_\_\_\_\_

If the activity is LIVE, complete the following. **If dates/locations are the same as Section I above, check here** \_\_\_\_\_

Date	Location (City, State)