

## EMERGENCY PREPAREDNESS & RESPONSE COURSE EXECUTIVE/COMMANDER

**ATTESTATION STATEMENT** (you must complete and sign to receive a certificate)

I attest that I have participated as noted below:																													
	I														I am claiming ( <i>insert the number of hours you attended</i> ): <i>AMA PRA Category 1 Credits™</i> (M.D./D.O.'s only)  American Academy of Medical Administrators (AAMA)  Certificate of Attendance (All others)														
<b>Total:</b> (Max: 3.0)																													
Please sign your name here:  PARTICIPANT INFORMATION  CERTIFICATE INFORMATION — PLEASE PRINT LEGIBLY																													
Rank/Title First Name								Last Name													Degree								
DOB (Day and Month only)																				SS	N (L	ast 4	only)	,					
E-Mail Address																													
Alternate E-Mail Address																													
	Mail	ling Add	dress							1		1			1	1		1		1		1	1				!		