**Continuing Education Assistanceship Application**

**Applicant Information**

**Name** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**ASCLS Member #:** Click or tap here to enter text.

**Continuing Education Program Attending**

**Title:** Click or tap here to enter text.

**Location:** Click or tap here to enter text.

**Date(s):** Click or tap here to enter text.

**Program Sponsored by:** Click or tap here to enter text.

**Reason for desiring to attend:** Click or tap here to enter text.

*I understand that within two (2) weeks of the end of this course/program, O must submit proof of successful completion (copy of transcript, certificate or statement from the instructor) to ASCLS-PA. In the event that I have not completed the course successfully, I promise to submit a check for the amount received to ASCLS.*

**Signature of Applicant:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.