



Application for CMAS Recertification

Application materials must be postmarked on/before the expiration date on your Certification Card.

Please complete this form, providing documentation as instructed in each item below. To be considered, applications must include signature and filing fee. Please print or type all information.

Name: _____			
_____	_____	_____	_____
First	Middle	Last	
Credentials: _____		CMAS Certification # _____	
<i>(Optional – this information will be printed on your certificate.)</i>			
Affiliation/Company: _____			
Position: _____			
Street Address: _____			
City, State & Zip: _____			
Phone: _____		Email: _____	

The recertification fee is \$125. Payment must accompany the application.

Credit Card Payments

Type of Card: VISA Mastercard American Express Discovery

Credit Card #: _____ Expiration Date: _____

Please complete the following if billing information is different than the contact information above:

Name on Card: _____			
_____	_____	_____	_____
First	Middle	Last	
Billing Address: _____			
City, State & Zip: _____			
Signature: _____			

To Pay by Check

Make your check payable to AAMAS/Certification Council (if needed, our Tax ID is 65-0573775).

10200 W 44th Avenue
Suite 304
Wheat Ridge, CO 80033

Phone: 720-881-6045
Fax: 303-422-8894
www.aamas.org

*AAMAS is the parent organization
of the Certification Council*





CMAS Continuing Education Tracking Form B

Name: _____		
First	Middle	Last
CMAS Certification # _____ Original CMAS Certification Year _____		

Use this page for educational activities you have completed that were not onsite or online.

Make additional copies as necessary.

All certificates of completion or other forms of documentation needed to support CMAS Units must be attached.