

## AMS Point Approval Form

Your name: \_\_\_\_\_

Your company: \_\_\_\_\_

Name(s) of the course(s)/training you attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of attendance: \_\_\_\_\_

Training was offered by: \_\_\_\_\_

Length of course(s)/training: \_\_\_\_\_

Title(s) of the training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please briefly explain what you learned from this training.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_