



## PSIA-AASI NI OUTSIDE CREDIT REQUEST FORM

In order to receive credit for a non-PSIA-AASI event, members may request such credit by completing this Request Form. Once this form has been received via email, an invoice for the \$40 processing fee will be added to your member profile and must be paid prior to credit review. Northern Intermountain members may receive no more than 12 CEUs (12 hours) for non-PSIA clinics every 4 seasons. Members should seek approval prior to attending such outside functions, so we can determine if the events qualify. Both on and off-snow events will be considered. We will not grant credit for attendance of events in a prior season. You do not have to use outside functions for credit. This is an optional membership benefit that is available to you. Complete the downloaded form and e-mail to [tcaballero@psia-ni.org](mailto:tcaballero@psia-ni.org) and [memberservice@thesnowpros.org](mailto:memberservice@thesnowpros.org).

NAME \_\_\_\_\_ MEMBER # \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. (H) \_\_\_\_\_ / \_\_\_\_\_ (W) \_\_\_\_\_ / \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

EVENT NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

EVENT DESCRIPTION Include information on who will be conducting the training, what material will be covered (ie learning outcomes), and length of the event. If descriptive literature is available, it can be attached instead of writing a description.

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\*Please attach any other information concerning this event that is available.

Your Signature \_\_\_\_\_

***After participating in the education event, the member must return documentation signed by an official of the sponsoring organization to the PSIA-AASI NI office in order to receive education credit for the current season.***

This is to verify that \_\_\_\_\_ (Name) \_\_\_\_\_ (Member #)

Attended the event specified above on \_\_\_\_\_ (Date)

Signed \_\_\_\_\_

OFFICE USE ONLY	Approved and notified _____	Not approved and notified _____
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