



Association of Air Medical Services

Certified Medical Transport Executive Recertification Application Form

Name: _____ Year of Original Certification: _____

Date of Last Recertification (if applicable): _____

Title: _____

Telephone: (_____) _____ Facsimile: (_____) _____

Address: _____

City/State/Postal Code/Country: _____

Email: _____ Alternate Email _____

This contact information is for your: Home Office

Program/Company where you work: _____

I hereby request an extension for the application deadline because I am either:

(1) Currently unemployed; or

(2) Currently appointed or elected to full-time public office on the local, state or national level. I have enclosed a letter describing my particular circumstances.

This form must be submitted **prior to** the expiration of your certification/recertification, which is the last day of the year which is three years from the date of certification/recertification. To recertify:

- You must earn 30 recertification points, called Management Education Credits (or MEUs) over the three-year period of active certification/recertification.
- All credit information listed must only be activities performed since the original date of certification or the most recent recertification, whichever is more recent.
- It is important that all relevant information be provided on the form and appropriate attachments included as requested. Incomplete applications may be returned for additional information.
- You may format this form on your word processor. However, you must include each numbered item with your response following the outline in this Application Form. If needed, you may add supplemental pages to this form. A digital version of this application is also available.

Please enclose your recertification fee when you submit your Recertification Form.

Recertification fees:

- \$225 for personnel of AAMS member companies or AAMS personal members
- \$290 for non-members

Amount enclosed: \$ _____ Check enclosed AMEX MasterCard VISA

Credit Card #: _____ Exp Date: _____ Security Code _____

Cardholder Name: _____

Signature _____ Date: _____



Association of Air Medical Services

Certified Medical Transport Executive Recertification Application Form

Acceptable Professional Credits for CMTE Maintenance

The following 5 categories of educational endeavors and leadership activities have been identified as acceptable credit-earning activities.

Program or Activity

Management Education Credits

I. Continuing Education

25 MEUs maximum

A. AAMS Educational Programs

Includes:

Management Courses at the Air
Medical Transport Conference (AMTC)

AAMS Regional Workshops

AAMS Spring Conference

MTLI Graduate School

B. MTLI (return to both Year's 1 & 2 after certification)

30 MEUs

C. MTLI Regent/Instructor

30 MEUs

D. Other Management Education Programs

Applicant must submit course objectives,

Outline and proof of attendance

1 MEU per hour

3 MEUs per ½ day

6 MEUs per day

II. Graduate Level Education

30 MEUs maximum

Advanced Degree (Masters or PhD) in Management-oriented programs, such as
MBA, MHA, MPM, MS in Organizational Development MS in Health Administration
Degree must be awarded within the three (3) Years of the current certification/recertification
to qualify towards subsequent recertification.

III. Volunteer Activities

10 MEUs maximum

A. Participation on AAMS Committees

1 MEU per year

B. Chairmanship on AAMS Committees

1 additional MEU per year

C. Member of the Board, AAMS

1 MEU per year

D. Participation in an industry-wide, legislative or regulatory activity approved by a Medical Transport Industry Organization

1 MEU per year

IV. Educational Contributions

10 MEUs maximum

A. Author, published article in industry journals & other literary contributions

1 MEU per article

B. Speeches, lectures, and other educational presentations on industry matters

1 MEU per presentation

V. Memberships

5 MEUs maximum

Membership in a professional or trade
Association/organization directly related
To medical, aviation, or business concerns.
Credits can only be earned since the date of
Original certification or your last recertification date

1 MEU per organization per year



Association of Air Medical Services

Certified Medical Transport Executive Recertification Application Form CMTE Renewal Form

Name: _____

Program or Activity

Management Education Credits/MEUs

I. Continuing Education

25 MEUs maximum

A. AAMS Educational Programs

1 MEU per hour

Includes:

3 MEUs per ½ day

Management Courses at the Air

6 MEUs per day

Medical Transport Conference (AMTC)

AAMS Regional Workshops

AAMS Spring Conference

MTLI Graduate School

B. MTLI (return to both Year's 1 & 2 after certification)

30 MEUs

C. Other Management Education Programs

1 MEU per hour

Applicant must submit course objectives,

3 MEUs per ½ day

outline, and proof of attendance.

6 MEUs per day

Sponsor: _____

_____ MEUs

Title of Program: _____

Number of Hours: _____

Location/Year: _____

Sponsor: _____

_____ MEUs

Title of Program: _____

Number of Hours: _____

Location/Year: _____

Sponsor: _____

_____ MEUs

Title of Program: _____

Number of Hours: _____

Location/Year: _____

Sponsor: _____

_____ MEUs

Title of Program: _____

Number of Hours: _____

Location/Year: _____

Sponsor: _____

_____ MEUs

Title of Program: _____

Number of Hours: _____

Location/Year: _____

Sponsor: _____

_____ MEUs

Title of Program: _____

Number of Hours: _____

Location/Year: _____



Association of Air Medical Services

Certified Medical Transport Executive Recertification Application Form

Additional Pages may be added if needed. Be sure to attach course objectives, outline and proof of attendance/completion for all course work not hosted/sponsored by AAMS.

Section I Subtotal (25 MEUs max) _____ MEUs

II. Graduate Level Education

30 MEUs maximum

Advanced Degree (Masters or PhD) in Management-oriented programs, such as MBA, MHA, MPM, MS in Organizational Development, MS in Health Administration Degree must be awarded within the three (3) Years of the current certification/recertification to qualify towards subsequent recertification.

Sponsor: _____ MEUs
Title of Program: _____
Number of Hours: _____
Location/Year: _____

Attach a copy of your transcript showing completion of degree program and date of completion.

Section II Subtotal (30 MEUs max) _____ MEUs

III. Volunteer Activities

10 MEUs maximum

- A. Participation on AAMS Committees 1 MEU per year
- B. Chairmanship on AAMS Committees 1 additional MEU per year
- C. Member of the Board, AAMS 1 MEU per year
- D. Participation in an industry-wide, legislative or regulatory activity approved by a Medical Transport Industry Organization 1 MEU per year

Activity, office or position held: _____ MEUs
Organization: _____
Date of Service: _____

Activity, office or position held: _____ MEUs
Organization: _____
Date of Service: _____

Activity, office or position held: _____ MEUs
Organization: _____
Date of Service: _____

Additional Pages may be added if needed.

Section III Subtotal (10 MEUs max) _____ MEUs



Association of Air Medical Services

Certified Medical Transport Executive Recertification Application Form

IV. Educational Contributions

10 MEUs maximum

A. Author, published article in industry journals & other literary contributions

1 MEU per article

B. Speeches, lectures, and other educational presentations on industry matters

1 MEU per presentation

Title of Article/Presentation: _____

_____ MEUs

Publication/Conference: _____

Publisher/Program Host: _____

Length of article/presentation: _____

Type of involvement (solo speaker or author, panel presenter, one of a team of # of authors, etc.): _____

IV. Educational Contributions (Continued)

Title of Article/Presentation: _____

_____ MEUs

Publication/Conference: _____

Publisher/Program Host: _____

Length of article/presentation: _____

Type of involvement (solo speaker or author, panel presenter, one of a team of # of authors, etc.): _____

Title of Article/Presentation: _____

_____ MEUs

Publication/Conference: _____

Publisher/Program Host: _____

Length of article/presentation: _____

Type of involvement (solo speaker or author, panel presenter, one of a team of # of authors, etc.): _____

Title of Article/Presentation: _____

_____ MEUs

Publication/Conference: _____

Publisher/Program Host: _____

Length of article/presentation: _____

Type of involvement (solo speaker or author, panel presenter, one of a team of # of authors, etc.): _____

Title of Article/Presentation: _____

_____ MEUs

Publication/Conference: _____

Publisher/Program Host: _____

Length of article/presentation: _____

Type of involvement (solo speaker or author, panel presenter, one of a team of # of authors, etc.): _____



Association of Air Medical Services

Certified Medical Transport Executive Recertification Application Form

Additional Pages may be added if needed.

Section IV Subtotal (10 MEUs max) _____ **MEUs**

V. Memberships

5 MEUs maximum

Membership in a professional or trade -
1 MEU per organization per year association/organization directly related to medical, aviation, or business concerns. Credits can only be earned since the date of original certification or your last recertification date.

Organization: _____ **_____ MEUs**
Dates of Membership: _____

Organization: _____ **_____ MEUs**
Dates of Membership: _____

Organization: _____ **_____ MEUs**
Dates of Membership: _____

Organization: _____ **_____ MEUs**
Dates of Membership: _____

Organization: _____ **_____ MEUs**
Dates of Membership: _____

Section V Subtotal (5 MEUs max) _____

MEUs

Total MEUs

- Continuing Education**
- _____ **MEUs (25 maximum)**
- _____ **MEUs (30 maximum)**
- _____ **MEUs (10 maximum)**
- _____ **MEUs (10 maximum)**
- _____ **MEUs (5 maximum)**

GRAND TOTAL (30 points required) _____ **MEUs**