

SMART® CEU FORM - PLEASE TYPE OR PRINT NEATLY!

Course Title: SMART RECOVERY® FACILITATOR TRAINING

Date: _____

Name _____

Address _____

City/State/Zip _____

Phone: _____ Email _____

License/Certification: Type _____ # _____

EVALUATION: Please evaluate your course using this scale:

1=below average 2=average 3=above average 4=excellent

1 2 3 4 The extent to which this course met the objective.

1 2 3 4 The adequacy of the instructor's mastery of the subject.

1 2 3 4 The utilization of appropriate teaching methods (distance learning).

1 2 3 4 Efficiency of course mechanics (online procedures).

1 2 3 4 The applicability or usability of new information.

Additional Comments:

Please allow IAA 10 working days for the processing of your certificate.
If you need more rapid processing see OVERNITE FAX-BACK below.
Courses completion date(s) are the date on your SMART certificate
No duplicate certificates issued after 60 days from completion without
additional fee.

() Return certificate by mail (to address above)

-OR-

() Return certificate by FAX to: () _____

-OR-

() FAX BACK service - your exam scored and certificate
FAXED next business day - \ \$10.00 surcharge

NOTE: There is a \$5.00 surcharge for mail and FAX service outside the USA.

Credit Card () VISA () MC () AMEX () DISCOVER

Card # _____

Exp. Date _____

Authorized Signature _____