



Application for Reimbursement for Education in the Neurosciences

Name _____ Date _____

Address _____

Phone (home) _____ (work) _____

Email _____

Best time to reach you if there are questions: _____

Are you a current member of AANN Triad Chapter? Yes _____ No _____

Have you attended at least one educational offering of the AANN Triad Chapter in the past year? _____ If so, which one? _____

Have you assisted with or participated in any other activity with the AANN Triad Chapter in the past year? _____ If so, what? _____

Name of Educational Offering _____

Date held: _____ Place _____

Cost: _____

Please attach a copy of your CE certificate documenting completion of the offering and paid receipt.

Send to:

Rayetta Johnson, President

1433 Woodford Rd.

Lewisville, NC 27023

Email: rkjohnsn@wfubmc.edu