



Amtryke Evaluation and Fitting for Therapists (AEFT) Course Request Form

Host Group: _____

Date options for course: (list in preference order please.)

1. _____

2. _____

3. _____

Location of requested course:

Funding Source:

****Please send a letter of support from Regional Director if course will be a biennial regional course. ****

****Requests will be processed on a first come, first served basis. Please allow 2 weeks for requests to be approved. ****