



Professional Designation Credit Hour Application

The Automotive Management Institute is a 501(c)(3) nonprofit organization dedicated to providing industry-recognized professional management designations, certificates and career paths to the service and collision repair segments of the automotive industry. As a nonprofit, AMi collaborates with training providers across the industry, reviewing, recognizing and awarding credit hours for quality management and leadership education.

For AMi to properly assign credits toward your professional designation, you must complete the top portion of this form. To help ensure the quality of this course, please complete the evaluation.

Please print legibly, this information is used to create or update your Student Profile and Transcript.

Date: _____ Course Title: _____

Your unique Email address is now your Student ID. Your email address enables you to login to "myAMi" to review your transcript and print certificates. AMi has a strict policy of not sharing or selling the information you have entrusted to us. Completing and submitting this request for credit, provides AMi permission to communicate with you as a student via email or telephone.

Student ID: _____ Name: _____

Business: _____ Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Bus. Phone: (____) _____

Cell Phone: (____) _____

Please check Industry Segment and identify certificate/designation choice:

Mechanical: Owner /Manager Office Manager Service Advisor Customer Service Technician

Collision: Owner/Manager Office Manager Estimator Customer Service Body/Paint Insurance

Student Signature: _____

Instructor Signature: _____

Overall, how would you rate the following?

	Excellent	Very Good	Good	Satisfactory	Poor
Instructor's presentation skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor's level of knowledge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you apply the information immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Would you recommend this course to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

We welcome your comments and suggestions _____

What other topics would you like to see? _____

STUDENT: PLEASE KEEP YELLOW COPY FOR YOUR TRAINING RECORDS