

**AL-ANON/ALATEEN AREA #23 (MAINE)  
RECERTIFICATION FORM - AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE (AMIAS) 2023/2025**

Please complete this checklist, sign it and mail or scan and email\* it to the AAPP by a date determined by WSO and publicized by the AAPP. You must meet all of the requirements on the checklist for re-certification and must have attended an AMIAS Workshop within the past year.

1. \_\_\_\_\_ I continue to attend Al-Anon meetings on a regular basis.
2. \_\_\_\_\_ I attended an AMIAS Workshop on: **Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Location:** \_\_\_\_\_

3. \_\_\_\_\_ I currently have a Personal and/or Service Sponsor
4. \_\_\_\_\_ I declare that I have never been formally accused or convicted of a crime (misdemeanor or felony) and have not been charged with child abuse or any other inappropriate sexual behavior. I have not demonstrated emotional problems which could result in harm to Alateen members.

**PLEASE PRINT LEGIBLY----SOME INFORMATION MAY HAVE CHANGED**

NAME: \_\_\_\_\_ Tele. # \_\_\_\_\_ email \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ **DISTRICT** \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

**\*\* I am willing and give my consent YES / NO (circle one) to have my contact information shared with other AMIAS in Area #23 (First Name & Last Initial, Town of Residence, Phone # and E-mail Address)**

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

Are you currently sponsoring an Alateen Group? Which Group: \_\_\_\_\_

**\*\* AMIAS who have not attended** an AMIAS workshop by the date determined by the WSO and published by the AAPP will have to be reported as INACTIVE and will not be able to sponsor until they have attended a workshop and have filled out a **Recertification Form**. AMIAS who are inactive for more than 1 (one) year must repeat the entire application process.

Vote of Confidence from the majority of voting members of applicant's Al-Anon Home Group:

Al-Anon Group Officer Signature \_\_\_\_\_ Position Held \_\_\_\_\_

Date \_\_\_\_\_

**Questions:** Call Area Alateen Process Person (AAPP)

Revised 4/2023 – \* adding electronic signatures acceptable for this form only