

# APPLICATION FOR CONTINUING EDUCATION UNITS



HCCA's Charlotte Regional Conference  
March 17, 2017 in Charlotte, NC

Please leave this application with staff at the Registration Desk or  
email: [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org) | fax: 952-988-0146

This form must be completed and submitted in order to receive a certificate of attendance and/or continuing education credit. Check the box below corresponding to the credit type(s) you wish to receive, indicate the sessions you attended, and **submit ALL pages** to CCB.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>CCB</b> (50 min hr)<br><small>CHC, CHRC, CHPC, CHC-F, CCEP, CCEP-I, CCEP-F</small> | <input type="checkbox"/> <b>RN - CA Nursing Board</b> (50 min hr) |
| <input type="checkbox"/> <b>AHIMA</b> (60 min hr)   | <input type="checkbox"/> <b>CLE</b> (50 or 60 min hr by state)    |
| <input type="checkbox"/> <b>ACHE</b> (60 min hr)  | <input type="checkbox"/> <b>NASBA/CPE</b> (50 min hr)             |
| <input type="checkbox"/> <b>AAPC</b> (60 min hr)  | <input type="checkbox"/> <b>OTHER:</b> _____                      |

If you do not see your credit type listed, write it here.  
We will do our best to accommodate your needs.

**\*LICENSE/BAR #:** → State(s) of License: \_\_\_\_\_  
**REQUIRED** for Attorneys,  
Nurses, Accountants, Others → Number: \_\_\_\_\_

**\*ATTORNEYS** should submit this application to CCB within 25 days in conclusion of the conference.

**\*NASBA/CPE** applicants **MUST** sign individual attendance sheets located at the registration desk.

**\*CCB/ACHE/AHIMA** credits and certificate will be posted and available online in your account within 2-4 weeks.

\*Applicants requesting external credit type(s) other than CCB/ACHE/AHIMA will be emailed a certificate within 4 weeks. Processing time may vary.

Questions: email: [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org) | phone: 888-277-4977 or +1 952 933 4977

★ **By signing below, I certify that I have attended the indicated sessions on this application:**

Name (PRINT legibly): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

CONTINUED NEXT PAGE →

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- ★ **ATTENDEES** must indicate "Attendee" for attendance below – **ONLY check sessions attended!**
  - ★ **SPEAKERS** must indicate "Speaker" for sessions presented and "Attendee" for sessions attended.
  - ★ **NOTE** any session time missed if arrived late or left early, excluding restroom breaks.
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- |                                   |                                  |  |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>8:00 – 9:15 am (1.25 clock hours or 75 min)</b><br>Provider Issue Spotting: Case Study Session          |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>9:15 – 10:30 am (1.25 clock hours or 75 min)</b><br>Conflicts of Interest                               |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>10:45 – 12:00 pm (1.25 clock hours or 75 min)</b><br>MACRA: What it means for you and your organization |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>1:00 – 2:15 pm (1.25 clock hours or 75 min)</b><br>Compliance Education                                 |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>2:30 – 4:00 pm (1.5 clock hours or 90 min)</b><br>Emerging Issues / Hot Topics Panel                    |