

APPLICATION FOR CONTINUING EDUCATION UNITS



HCCA's Columbus Regional Conference
May 5, 2017 in Columbus, Ohio

Please leave this application with staff at the Registration Desk or
email: 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"/> CCB (50 min hr) <small>CHC, CHRC, CHPC, CHC-F, CCEP, CCEP-I, CCEP-F</small>	<input type="checkbox"/> RN - CA Nursing Board (50 min hr)
<input type="checkbox"/> AHIMA (60 min hr)	<input type="checkbox"/> CLE (50 or 60 min hr by state)
<input type="checkbox"/> ACHE (60 min hr)	<input type="checkbox"/> NASBA/CPE (50 min hr)
<input type="checkbox"/> AAPC (60 min hr)	<input type="checkbox"/> OTHER: _____ <small>If you do not see your credit type listed, write it here. We will do our best to accommodate your needs.</small>

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

***ATTORNEYS & NASBA/CPE** applicants should submit this application to CCB within 25 days in conclusion of the conference. Applicants must sign individual attendance sheets located at the registration desk and/or outside of each session.

***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 | 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: _____

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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 | 8:30 – 9:30 am (1.0 clock hours or 60 min)
Enforcement Update |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 9:30 – 10:30 am (1.0 clock hours or 60 min)
The OHA 2017 Update |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 10:45 – 11:45 am (1.0 clock hour or 60 min)
HIPAA Compliance and Enforcement: Helpful Hints |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 12:45 – 1:45 pm (1.0 clock hours or 60 min)
Enforcement Update |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 1:45 – 2:45 pm (1.0 clock hours or 60 min)
Provider Based Clinics |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 3:00 – 4:00 pm (1.0 clock hours or 60 min)
Primer on Emerging Medicare Payment Models and Role of Compliance |

NAME: _____