

# APPLICATION FOR CONTINUING EDUCATION UNITS



**HCCA's Indianapolis Regional Conference  
September 29, 2017 in Indianapolis, Indiana**

**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 hour) <i>CHC, CHRC, CHPC, CHC-F, CCEP, CCEP-I, CCEP-F</i>	<input type="checkbox"/> <b>RN - CA Nursing Board</b> (50 min hour)
<input type="checkbox"/> <b>AHIMA</b> (60 min hour)	<input type="checkbox"/> <b>CLE [Continuing Legal Education]</b> (50 or 60 min hour by state)
<input type="checkbox"/> <b>ACHE</b> (60 min hour)	<input type="checkbox"/> <b>NASBA/CPE</b> (50 min hour)
<input type="checkbox"/> <b>AAPC</b> (60 min hour)	<input type="checkbox"/> <b>OTHER:</b> _____ <i>If you do not see your credit type listed, write it here. We will do our best to accommodate your needs.</i>

**\*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](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: \_\_\_\_\_

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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>8:30 – 9:30 am (1.0 clock hour or 60 min)</b><br>Corrective Actions: When It Goes Wrong – Getting to Correctness          |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>9:45 – 10:45 am (1.0 clock hour or 60 min)</b><br>Conducting a Compliant Investigation (Effective Internal Investigation) |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>10:45 – 11:45 am (1.0 clock hour or 60 min)</b><br>Compliance Program Effectiveness: How Confident Are You?               |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>12:45 – 1:45 pm (1.0 clock hour or 60 min)</b><br>HIPAA Compliance: Inside OCR's Phase 2 Audit Program                    |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>1:45 – 2:45 pm (1.0 clock hour or 60 min)</b><br>Fraud and Abuse Update   |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | <b>3:00 – 4:15 pm (1.25 clock hours or 75 min)</b><br>Evaluating and Assessing Risk  |

**NAME:** \_\_\_\_\_