


APPLICATION FOR CONTINUING EDUCATION UNITS (CEUs)



HCCA's Regional Healthcare Compliance Conference January 18, 2019, Charlotte, North Carolina

Please leave this application with staff at the Registration Desk or
email: ccb@compliancecertification.org | phone: 952.988.0141 | fax: 952.988.0146

This form must be completed and submitted 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.

<p> CHC, CHRC, CHPC, CHC-F, CCEP, CCEP-I, CCEP-F 50-minute hour</p> <p><input type="checkbox"/> AHIMA 60-minute hour</p> <p><input type="checkbox"/> ACHE 60-minute hour</p> <p><input type="checkbox"/> AAPC 60-minute hour</p> <p><input type="checkbox"/> RN – CA Board of Registered Nursing State/License # _____</p> <p><input type="checkbox"/> Other Credit type not listed here. _____</p>	<p><input type="checkbox"/> FOR ATTORNEYS ONLY: Continuing Legal Education (CLE) Submit this application <u>within seven days</u> to allow for state reporting, if required.</p> <p>Individuals MUST sign in/sign out* if required by their state. Verify your CLE requirements with your state.</p> <p>State/License # _____</p> <p>State/License # _____</p> <p>State/License # _____</p> <p><input type="checkbox"/> NASBA/CPE Individuals MUST also sign in/sign out* per NASBA credit requirements.</p>
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***Sign-in/sign-out sheets are available outside meeting room.**

CCB, ACHE, AHIMA credits and certificate will be posted and available online in your account within two-four weeks.

CLE, NASBA, AAPC, RN and Other external credit certificates will be emailed within four weeks.

★ **By signing below, I attest that I HAVE ATTENDED THE SESSION(S) I indicated on this application:**

Name (PRINT legibly): _____ Phone: _____

Email Certificate to: _____

Signature: _____ Date: _____

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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 you arrived late or left early, excluding restroom breaks.

FRIDAY, January 18

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|-----------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 8:30 – 9:45 am (1.25 clock hours or 75 minutes)
Privacy and Security Case Study Roundtable |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 10:05 – 11:05 am (1.0 clock hour or 60 minutes)
Skilled Nursing Facilities:
Patient Driven Payment Model (PDPM) and Elder Justice Act |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 11:05 – 11:50 am (.75 clock hour or 45 minutes)
Hot Topics in Healthcare Compliance |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 12:45 – 1:30 pm (.75 clock hour or 45 minutes)
Emergency Management and Compliance |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 1:30 – 2:30 pm (1.0 clock hour or 60 minutes)
Home Health and Hospice Update |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 2:45 – 3:30 pm (.75 clock hour or 45 minutes)
Opioid Crisis |
| <input type="checkbox"/> Attendee | <input type="checkbox"/> Speaker | 3:30 – 4:30 pm (1.0 clock hour or 60 minutes)
Hot Topics Panel |

Print Name: _____