

**CEC Approval Request Form**

Association for Healthcare Documentation Integrity

3430 Tully Road, Suite 20 #112 Modesto, CA 95350

800-982-2182, 209-527-9620

Submit form to: [**credentialing@ahdionline.org**](mailto:credentialing@ahdionline.org)

**FILL OUT FORM COMPLETELY: *All applicable fields must be filled out even if attaching supplemental documentation.***

**SUBMIT BY EMAIL ONLY: *Forms submitted via fax or postal mail will NOT be reviewed.***

**This is an electronic *form.* Use your “tab” key or mouse to move from field to field. Use “X” to mark box choices.**

|  |  |
| --- | --- |
| **Name:** | **Number of CECs Requested:** |
| **Full Address:** | **Requested CEC Category:**  **Clinical Medicine (CM)**  **Medicolegal (ML)**  **Professional Development (PD)**  **Technology & Tools (TT)**  **Complementary Medicine (CoM)**  ***Please be advised that category requested may not ultimately be the category approved by AHDI.*** |
| **Email:** |
| *Note:*  *This form is for submission by CMT, CHDS, CHDP, CHDP-A, CHDP-S, or CVHDP individuals only. Providers looking for CEC preapproval must refer to the CEC Preapproval Program guidelines and form.* |
| **CONTENT TITLE (ie, session, article, book, or course):** | |
| **CONTENT DESCRIPTION – *Please provide enough content detail to justify level II assignment. Provide 3 to 5 learning objectives.*** | |
| **NAME OF SPEAKER/AUTHOR:** | |
| **SUMMARY OF SPEAKER/AUTHOR QUALIFICATIONS:** | |
| **Are you the author/presenter/teacher for this event or course?**  **Yes**  **No**  **If “yes,” have you submitted this content in a previous cycle?**  **Yes**  **No \***  **\* *Please note that you can only earn credit for authoring or presenting credit-worthy content one time no matter how many times you teach the session or course over your lifetime. AHDI reserves the right to audit past cycles to determine duplication of submitted content.*** | |
| **Date of Activity:** | **Duration of activity:**       **hours** |
| **AHDI use only** | |
| **Meets level II criteria?**  **Yes**  **No** | **CECs Assigned:** |
| **Approved**  **Not Approved** | **Comments:** |
| **Reviewed by:**       **Date of Review:** |