

# AHDI Preapproved CEC Activity 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) or fax to (209) 527-9633



Fill out form completely: All fields must be filled out even if attaching supplemental documentation.

Organization Requesting Approval:

Address:

Contact Person:

Email Address:

Phone:

Please note: all fees are non-refundable

- Clinical Medicine (CM)
- Technology & Tools (TT)
- Medicolegal (ML)
- Complementary Medicine (CoM)
- Professional Development (PD)

Activity Title (i.e., session, article, book, or course):

## Activity Description

Please provide enough content details to justify level II assignment and provide 3 to 5 learning objectives.

Name of Speaker/Author:

Summary of Speaker/Author Qualifications:

Website Link to Activity:

- \$25 ..... One educational activity up to 2 hours' duration—limited to one title for each in-person, online, live, or recorded activity, crossword puzzle, self-assessment activity, or article .
- \$50 ..... One educational activity lasting 2 to 10 hours for each in-person, online, live, or recorded activity.
- \$75..... One college/university course (onsite or online) or a book.

Duration of Activity: \_\_\_\_\_

Total fees paid \$ \_\_\_\_\_

Payment in U.S. funds only, with checks/money orders payable to AHDI. No purchase orders. Credit card payments accepted by phone 800-982-2182 or fax 209-527-9633.

Select payment type:  Check/Money Order  Visa  Mastercard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Name (please print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_



