RHDS CONTINUING EDUCATION (CE) SUMMARY FORM

Association for Healthcare Documentation Integrity **Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_**

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

Tel 800-982-2182, 209-527-9620 • Fax 209-527-9633 • [credentialing@ahdionline.org](mailto:credentialing@ahdionline.org)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  | | **AHDI ID #:** | |  | | | | |
| **ADDRESS:** |  | |  | |  | | | | |
| **Work phone:**  **Home phone:**  **Email:**  **Fax:** | □ ***check this box if any info above has changed in the past three years to ensure AHDI has your current contact information*** | | **Each RHDS is responsible for complying with all current CE and Recertification Guidelines and Policies.**  **Review these at** [www.ahdionline.org](http://www.ahdionline.org) **> Recertification>RHDS Recertification**  **Print or type all information. List one entry per line.** | | | | | | |
|  | |  | |  | |  | |  | |
| Title of Presentationor Article (List each separately) | | **Sponsor or Source** | | **Date of Activity** | | **No. of CECs**  **Approved**  **CORE** | | **Validation by**  **AHDI**  **CORE** | |
| Clinical Medicine (6 Required) | | | | | | | | | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | | | | | | | | | |
| Professional Development (4 Required) | | | | | | | | | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| Title of Presentationor Article (List each separately) | | **Sponsor or Source** | | **Date of Activity** | | **No. of CECs**  **Approved**  **CORE** | | **Validation by**  **AHDI**  **CORE** | |
| Technology & Tools (6 Required) | | | | | | | | | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| Medicolegal (2 Required) | | | | | | | | | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| Additional Credits (2 Required - Core or Optional) | | | | | | | | | |
| Title of Presentationor Article (List each separately) | | **Sponsor or Source** | | **Date of Activity** | | **No. of CECs**  **Approved**  **Core Opt.** | | **Validation by**  **AHDI**  **Core Opt.** | |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
| **Subtotal Additional:** | | | | | | | | **\_\_\_\_\_ \_\_\_\_\_**  **C O** | |
| **If more than 20 CEs are submitted, please fill out an additional CE form and attach it to this form.** | | | | | | | | | |
| **FOR AHDI USE ONLY**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Total Core: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Optional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Validated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |

**Core Areas:** **Optional Area:**

CM Clinical Medicine CoM Complementary Medicine

ML Medicolegal Issues

PD Professional Development

TT Technology & Tools

CONTINUING EDUCATION (CE) SUMMARY FORM

ADDITIONAL CREDITS LISTING

Please attach to original Summary Form - Photocopy as needed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** |  | | **AHDI ID #:** | |  | | | | |
|  | | | | | | | | | |
| Title of Presentationor Article (List each separately) | | **Sponsor or Source** | | **Date of Activity** | | **No. of CECs**  **Approved**  **Core Opt.** | | **Validation by**  **AHDI**  **Core Opt.** | |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
|  | |  | |  | |  |  |  |  |
| **Subtotal Additional:** | | | | | | | | **\_\_\_\_\_ \_\_\_\_\_**  **C O** | |