CONTINUING EDUCATION (CE) SUMMARY FORM

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

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

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| **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 credentialed individual is responsible for complying with all current CE and Recertification Guidelines and Policies.**  **Review these at** [www.ahdionline.org](http://www.ahdionline.org) **> Recertification**  **Print or type all information. List one entry per line.** | | | | | | |
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| Title of Presentationor Article (List each separately) | | **Sponsor or Source** | | **Date of Activity** | | **No. of CECs**  **Approved**  **CORE** | | **Validation by**  **AHDI**  **CORE** | | |
| Clinical Medicine (8 Required) | | | | | | | | | | |
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| Medicolegal (4 Required) | | | | | | | | | | |
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| Professional Development (6 Required) | | | | | | | | | | |
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| Title of Presentationor Article (List each separately) | | **Sponsor or Source** | | **Date of Activity** | | **No. of CECs**  **Approved**  **CORE** | | **Validation by**  **AHDI**  **CORE** | | |
| Technology & Tools (8 Required) | | | | | | | | | | |
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| Additional Credits (4 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.** | | |
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| **Subtotal Additional:** | | | | | | | | **\_\_\_\_\_ \_\_\_\_\_**  **C O** | | |
| **If more than 30 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 Areas:**

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.

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