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

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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 Presentation or 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 Presentation or 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 Presentation or 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

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ADDITIONAL CREDITS LISTING

Please attach to original Summary Form - Photocopy as needed.

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| **NAME:** |  | **AHDI ID #:** |  |
| **Additional Credits** |
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