

CONTINUING EDUCATION (CE) SUMMARY FORM

Association for Healthcare Documentation Integrity
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 Tel 800-982-2182, 209-527-9620 • Fax 209-527-9633 • credentialing@ahdionline.org

Date submitted: _____

NAME:		AHDI ID #:	
ADDRESS:		<p style="color: red;">Each CMT/CHDS is responsible for complying with all current CE and Recertification Guidelines and Policies. Review these at www.ahdionline.org > Recertification</p> <p>Print or type all information. List one entry per line.</p>	
Work phone:			
Home phone:			
Email:			
Fax:			
<input type="checkbox"/> <i>check this box if any info above has changed in the past three years to ensure AHDI has your current contact information</i>			

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved CORE	Validation by AHDI CORE
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Clinical Medicine (8 Required)

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Medical Transcription Tools (4 Required)

1.				
2.				
3.				
4.				

Technology and the Workplace (6 Required)

1.				
2.				
3.				
4.				
5.				
6.				

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved CORE	Validation by AHDI CORE
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Medicolegal Issues (6 Required)

1.				
2.				
3.				
4.				
5.				
6.				

Additional Credits (6 Required - Core or Optional)

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved		Validation by AHDI				
			Core	Opt.	Core Opt.				
1.									
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Subtotal Additional:					<table style="margin: auto;"> <tr><td style="border: none;">—</td><td style="border: none;">—</td></tr> <tr><td style="border: none; text-align: center;">C</td><td style="border: none; text-align: center;">O</td></tr> </table>	—	—	C	O
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If more than 30 CE's submitted, please fill out additional CE form and attach it to this form.

FOR AHDI USE ONLY

Date: _____

Total Core: _____ **Total Optional:** _____

Validated by: _____

Core Areas:

- CM Clinical Medicine
- MTT Medical Transcription Tools
- TW Technology and the Workplace
- ML Medicolegal Issues

Optional Areas:

- Comp Complementary Medicine
- PD Professional Development

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ADDITIONAL CREDITS LISTING**

Please attach to original Summary Form - Photocopy as needed.

NAME:		AHDI ID #:	
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1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25.	Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved		Validation by AHDI	
				Core	Opt.	Core	Opt.
Subtotal Additional:						<u> </u>	<u> </u>
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