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ADDRESS:							
Work phone:			Each credentialed individual is responsible for complying with all current CE and Recertification Guidelines and				
Home phone: Email:			Policies.				
Fax:			Review these at <a href="https://www.ahdionline.org">www.ahdionline.org</a> > Recertification  Print or type all information. List one entry per line.				
	☐ check this box if any changed in the past thre has your current contact	e years to ensure AHDI					
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If more than 30 CEs are submitted, please fill out an additional CE form and attach it to this form.							
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**Core Areas:** 

**Optional Areas:** 

Clinical Medicine CM

CoM Complementary Medicine

ML

Medicolegal Issues Professional Development PD

TT Technology & Tools

## CONTINUING EDUCATION (CE) SUMMARY FORM ADDITIONAL CREDITS LISTING Please attach to original Summary Form - Photocopy as needed. NAME: AHDI ID #: Additional Credits Title of Presentation or Article (List each separately) Sponsor or Source Core Opt. AHDI Core Opt. 1.

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