CVHDP 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:	2, 209-527-9620 • F	ax 209-321-9033 ●	AHDI ID #:	<u> </u>	2			
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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 www.ahdionline.org > Recertification					
	☐ check this box if any changed in the past three has your current contact	e years to ensure AHDI	Print or type all information. List one entry per line.					
Title of	Presentation	Sponsor or	Source	Date of	No. of CECs	Validation by		
or	Article	Sponsor or Source		Activity	Approved	AHDI		
(List each separately) Veterinary Clinical Medicine (10 Paguirad)			CORE	CORE		
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Veterinary Technology & Tool	s (6 Required)					
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Additional Credits (4 Required						
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If more than 30 CEs are submitted, please fill out an additional CE form and attach it to this form.						
	FOR AHDI USE ON	LY				
Date:	_					
Total Core:	Total Optional:		-			
Validated by:						

Core Areas:

Optional Areas:

VCoM Veterinary Complementary Medicine

VCM Veterinary Clinical Medicine
VML Veterinary Medicolegal Issues
VPD Veterinary Professional Development
VTT Veterinary 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) (List each separately) Date of Activity Approved Core Opt. AHDI Core Opt.

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved Core Opt.	Validation by AHDI	
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