HIPAA SUMMIT AUDIO CONFERENCE
Application for Continuing Education Credit

This form must be completed in order to receive continuing education credit.

ANALYSIS OF THE FINAL HIPAA SECURITY RULE
February 18, 2003 Audioconference

To receive your continuing education credit, please check the box corresponding to the credit type you wish to receive, and complete the information at the bottom. Please fax to the Registration Office at 760-418-8084. Your certificate will be mailed within 6 weeks.

1: PLEASE COMPLETE THE FOLLOWING

Name _____

License State _____ License/Bar Number (Nurses and Attorneys) _____

Company Address _____

City _____ State _____ Zip _____

Phone ( ) _____ Fax ( ) _____ E-mail _____

2: PLEASE SELECT CREDIT TYPE

- ❑ **AAPC**
- ❑ **ACHE**
- ❑ **ANCC (Nursing)**
- ❑ **MCLE**
- ❑ **ACPE (Pharmacist)**
- ❑ **HCCB**
- ❑ **ACCME**
- ❑ **AHIMA**
- ❑ **NASBA**

ADMPE: To apply for ACMPE credit, submit a generic credit hour form with a copy of the brochure to ACMPE. Do not complete this form for ACMPE credit.

By signing below, I certify that I have attended 1.5 hours of the above audioconference number.

Signature: _____ Date: _____

Name (Print): _____

To receive Continuing Education Credits for this Audioconference, you must complete the Conference Evaluatoin form and submit them along with this Application for Continuing Educatioin Credit.