

# HIPAA SUMMIT AUDIO CONFERENCE

## Application for Continuing Education Credit

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

### VALIDATING HIPAA IN A LIVE PRODUCTION ENVIRONMENT

#### June 27, 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

- |                                |  |   |
|--------------------------------|--|---|
| <input type="checkbox"/> AAPC  | <input type="checkbox"/> ACHE              | <input type="checkbox"/> ANCC (Nursing) |
| <input type="checkbox"/> MCLE  | <input type="checkbox"/> ACPE (Pharmacist) | <input type="checkbox"/> HCCB           |
| <input type="checkbox"/> ACCME | <input type="checkbox"/> AHIMA             | <input type="checkbox"/> 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 Evaluation form and submit them along with this Application for Continuing Education Credit.