

HIPAA SUMMIT AUDIO CONFERENCE

Application for Continuing Education Credit

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

IMPLEMENTING HIPAA 835 AND 837 CLAIMS October 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 |
| <input type="checkbox"/> HIMSS | | |

ACMPE: 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 (or 1.8 hours for ANCC/NASBA) 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 it along with this Application for Continuing Education Credit.