



## 2017 Local Chapter Application for CCDS CEU Approval

Please return this application to:

HCPPro  
Penny Richards  
Certified Clinical Documentation Specialist Program  
35 Village Road, Suite 200, Middelton, MA 01949

**Fax** 978/560-0934  
Attn: Penny Richards  
**E-mail** [prichards@acdīs.org](mailto:prichards@acdīs.org)

**This application must be submitted at least 30 days prior to the date of the program for which you seek CEUs.**

### I. Program information

Local Chapter Name: \_\_\_\_\_ Web site: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person (name and title): \_\_\_\_\_

### 2. Program overview

Program title: \_\_\_\_\_

Total number of CEUs requested: \_\_\_\_\_ Program length (hours and/or minutes): \_\_\_\_\_

(Note: One CEU is provided per hour of instruction, excluding breaks/lunches)

Please indicate how the number of CEUs was calculated: \_\_\_\_\_

Teaching methodology (check all that apply):

☐ Face-to-face seminar or workshop

☐ Face-to-face lecture

☐ Virtual (Web-based) seminar or workshop

☐ Audio conference/seminar

☐ E-learning (Web-based) course

☐ Other (please specify): \_\_\_\_\_

Program dates and locations (attach additional sheet if more space is needed)

Start date	End date	City	State

Start date	End date	City	State

Speaker(s)/faculty/developer(s) of activity (please include credentials and submit a bio, description, or résumé)

Learning objectives—Please describe knowledge or skills gained after completion of activity

Describe the benefit for CDI Professionals

(Continued on other side)

### 3. Additional documents required:

- Marketing materials
- Timed program agenda
- Speaker(s) résumé

Please mail this application with the appropriate CEU fee to:

**Attn:** HCPro  
Penny Richards CCDS  
Program  
35 Village Road  
Suite 200  
Middletown, MA 01949

**Fax** 978/560-0934  
**Attn:** Penny Richards  
**E-mail** [prichards@acdis.org](mailto:prichards@acdis.org)

ACDIS will award Continuing Education Units (CEUs) for education and training programs, lectures, and workshops, including audio and telephone conferences, on topics of interest and importance to the clinical documentation improvement profession. We particularly encourage presentations about best practices, strengthening CDI procedures and policies, coding and clinical concerns, and team/relationship building with clinicians and other organization/facility departments. One hour of appropriate training and education equals one CEU. CEUs will not be awarded for introductory or welcome sessions, routine chapter business and discussions, election of officers, or for time allotted for breaks or meals.

### 4. Contract for prior approval

As the representative for the sponsoring chapter, I have reviewed ACDIS's requirements for prior approval of a continuing education program and agree to abide by them. I understand that failure to follow the requirements for prior approval may result in revocation of prior approval and prohibit future approval by ACDIS.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_