

2017 Non-Chapter Application for CCDS CEU Approval

Please return this application and the appropriate fee to:

HCPro Penny Richards Certified Clinical Documentation Specialist Program 35 Village Street, Suite 200 Middelton, MA 01949

Fax 978/560-0934 Attn: Penny Richards **E-mail** prichards@acdis.org

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

I. Program sponsor information Sponsorship category: □ Educational facility □ Association/society/hospital □ Other, please describe:	Nonprofit ☐ Corporate ☐ Private ☐ Other, ple	e	For profit:	
Sponsoring organization:				
Address:				
City:	State:		ZIP code:	
Work phone:	Fax:		E-mail:	
Contact person (name and title):				
2. CEU fee				
	Number	of CEUs	Total fee	
For profit: \$150 1–5 CEUs, \$30 each CEU abov	e 5			
Nonprofit: \$75 I=5 CEUs, \$15 each CEU above	2 5			
To ensure your security, please do not send you for credit card payment instructions. Be check or money order and mail your applica. 3. Contract for prior approval As the representative for the sponsoring education program and agree to abide by	e sure to include your to stion. organization, I have revie them. I agree to:	elephone number on the	ne front page. If you wish, you may at	tach a
 Place the required statement sign Submit a new application for this Not use ACDIS or its name in an allowed by ACDIS's requirements I understand that failure to follow the requirefuture approval by ACDIS. 	program if it is repeated y manner in conjunction for prior approval	d n with this program or i	ts sponsoring organization except as	
Name:	Signa	iture:		
Title:	9			
			(Continued on ot	her side)



4. Program overview

Program title:			
Total number of CEUs requested:(Note: One CEU is provided per hour of instruction, e.	g ;	tes):	
Please indicate how the number of CEUs was calc	ulated:		
Teaching methodology (check all that apply): □ Face-to-face seminar or workshop □ Audio conference/seminar	☐ Face-to-face lecture ☐ E-learning (Web-based) course		
Program dates and locations (attach additional shee	et 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 is	nclude credentials and submit a bio, descr	iption, or résumé)	
Learning objectives—Please describe knowledge o	or skills gained after completion of activi	ty	
Describe the benefit for CDI Professionals			

5. Additional documents required:

- Marketing materials
- Speaker(s) résumé

- Timed program agenda
- Documentation of nonprofit status

Please return this application and the appropriate fee to:

HCPro Penny Richards **CCDS Program** 35 Village Road, Suite 200 Middelton, MA 01923

Fax 978/560-0934 Attn: Penny Richards E-mail 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, or for time allotted for breaks or meals.