2018 Local Chapter Application for CCDS CEU Approval

Please return this application to:

HCPro
Penny Richards
Certified Clinical Documentation Specialist Program
35 Village Road, Suite 200, Middleton, 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.

1. 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)

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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
Middelton, MA 01949

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, 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: ___________________________