



2018 Non-Chapter Application for CCDS CEU Approval

Please return this application and the appropriate fee to:

HCPPro
 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, please describe: _____

For profit:

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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 above 5		
Nonprofit: \$75 1-5 CEUs, \$15 each CEU above 5		

To ensure your security, please do not send your credit card information on this application. Our Customer Service team will contact you for credit card payment instructions. Be sure to include your telephone number on the front page. If you wish, you may attach a check or money order and mail your application.

3. Contract for prior approval

As the representative for the sponsoring organization, I have reviewed ACDIS's requirements for prior approval of a continuing education program and agree to abide by them. I agree to:

- Place the required statement signifying prior approval of this program on all marketing materials
- Submit a new application for this program if it is repeated
- Not use ACDIS or its name in any manner in conjunction with this program or its sponsoring organization except as allowed by ACDIS's requirements for prior approval

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: _____

(Continued on other side)

4. 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

Start date	End date	City	State
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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

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:

HCPPro
Penny Richards
CCDS Program
35 Village Road, Suite 200
Middletown, MA 01923

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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.