Vendor- or Consultant-Provided Education Application for CCDS/CCDS-O CEU Approval

Please return application to:

Karla Kozak, Editorial Manager, Products and Events

karla.kozak@hcpro.com

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

Instructions for payment will be provided upon application approval.

1. Program sponsor information

Sponsoring Organization:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Contact Person (name and title):_____

E-mail:_____**Phone:**_____

2. CEU fee

Application Type	Administration Fee	CEU Cost
Webinar or in-person education lasting 2 hours or less	$199*	$49* per CEU
Education lasting more than 2 hours (e.g., bootcamp, eLearning, in-person)	$299*	$49* per CEU
Conference (virtual or in-person)	$399*	$49* per CEU

Plus applicable taxes, added at checkout.

Please indicate the program type/length (select one):

Webinar or in-person education lasting 2 hours or less

Education greater than 2 hours (e.g., bootcamp, eLearning, in-person)

Conference (virtual or in-person)

Program length (hours and/or minutes):_____ **CEUs requested:** _____
(Note: One CEU is provided per hour of instruction, excluding breaks/lunches)

A rush fee of $49 per CEU applies for applications submitted fewer than 30 days in advance.
Does a rush fee apply?

No

Yes ($49 per CEU): _____

Fee (corresponding administration fee + $49 per CEU + rush fee, if applicable):_____

To ensure your security, please do not send your credit card information on this application. Upon approval of your application, you will be provided with payment instructions. Be sure to include your telephone number and email address on the front page.

3. Contract for prior approval

As the representative for the sponsoring organization, I have reviewed ACDIS' 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: *This program has been approved by the Association of Clinical Documentation Integrity Specialists (ACDIS) for continuing education units towards fulfilling the requirements of the Certified Clinical Documentation Specialist certification, offered as a service of ACDIS. Granting of approved CEUs from ACDIS does not constitute endorsement of the program content or its program provider.*
- Submit a new application for this program if it is repeated outside the acceptable time period.
- Not use ACDIS or its name in any manner in conjunction with this program or its sponsoring organization except as allowed by ACDIS' 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:**_____

Tilte:_____ **Date:**_____

4. Program overview

Program title:_____

Program date(s):_____

(Note: If your event is a multi-day event, please include the start and end date. If you intend to present the same exact presentation on multiple dates, please list all dates of presentation.)

Program length (hours and/or minutes):_____

Teaching methodology (check one):

    In-person   Virtual

Program location *(if in person)***: City:**_____**State:**_____

Do you intend to record this presentation/event and replay it at a later time?   Yes   No

5. Speaker information

(Note: If your program includes more than one presenter, please attach a separate document with the following information for each additional speaker.)

Name:_____**Credentials:**_____

Job title:_____

Facility name:_____**City/State:**_____

Speaker bio – *Please include a short (3–4 sentence) depiction of the speaker and their experience.*

6. Learning outcomes

Please describe knowledge or skills gained after completion of activity. At the conclusion of this presentation attendees will be able to:

1.

2.

3.

7. Timed agenda

Please attach a brief agenda or outline of your activity

Please email this application to:

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