

## Non-Chapter Application for CCDS/CCDS-O CEU Approval

Please return application to:

Karla Kozak, Editorial Manager, Products and Events 35 W. Wacker Drive, 16th Floor Chicago, II 60601-5809 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.

| Type or print neatly  |   |  |
|---|---|--|
| 1. Program sponsor inform   | ation                                       |  |
| Nonprofit (Please attach proof o  | f nonprofit status) For prof                | iit .  |
| Educational facility  | Corporate                                   |  |
| Association/society/hospital  | Private                                     |  |
| Other, please describe:   | Other, please describe:                     |  |
| Sponsoring Organization:  |   |  |
| Address:  |   |  |
| City:   | State:                                      | Zip:   |
| Contact Person (name and title):  |   | `  |
| E-mail:   | Work Phone:                                 | Fax:   |
| 2. CEU fee  |   |  |
| For Profit  | Nonprofit                                   | Note: Additional CEUs should be for additional   |
| \$175 for 1 CEU<br>\$45 for each additional CEU   | \$85 for 1 CEU \$45 for each additional CEU | hours within a single event. Each separate event should have its own CEU application form.             |
| TO TOT GUOTI GUARIOTIAN GEG   | \$40 for each additional GEO                |  |
| Number of CEUs required:  | Fee:  |  |
|   |   | this application. Upon approval of your application, you e number and email address on the front page. |
| 3. Contract for prior appro   | val   |  |
| As the representative for the sponsor education program and agree to abi                          |   | ' requirements for prior approval of a continuing  |
| Place the required statement signifying prior approval of this program on all marketing materials |   |  |
|   |   | reptable time period  n or its sponsoring organization except as allowed by                            |
| I understand that failure to follow the approval by ACDIS.  | e requirements for prior approval may resu  | ult in revocation of prior approval and prohibit future  |
| Name:   | Signature:                                  |  |
| Title·  |   | 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 [recurring], please list all dates of presentation.) Total number of CEUs requested: Program length (hours and/or minutes): (Note: One CEU is provided per hour of instruction, excluding breaks/lunches) Teaching methodology (check one): Recurring live in-person seminar or workshop On-demand webinar One-time live in-person seminar or workshop eLearning course Recurring live virtual seminar or workshop One-time live virtual seminar or workshop **Program location** (if in person): City: Do you intend to record this presentation/event and replay it at a later time? Nο 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.) Credentials: Name: City/State: Facility name: Speaker bio – Please include a short three sentence depiction of the speaker 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: Karla Kozak, Editorial Manager, Products and Events karla.kozak@hcpro.com

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 integrity 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 alloted