



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

Please return application to:

**Karla Kozak, Editor & Product Coordinator, ACDIS**  
233 N. Michigan Ave., 21st Floor,  
Chicago, IL 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 information

**Nonprofit** (Please attach proof of nonprofit status)

Educational facility

Association/society/hospital

Other, please describe: \_\_\_\_\_

**For profit**

Corporate

Private

Other, please describe: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person (name and title): \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2. CEU fee

**For Profit**

\$150 for 1 CEU

\$30 for each additional CEU

**Nonprofit**

\$75 for 1 CEU

\$30 for each additional CEU

*Note: Additional CEUs should be for additional hours within a single event. Each separate event should have its own CEU application form.*

**Number of CEUs required:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

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
- 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: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Continued)

## 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):

One-time live in-person seminar or workshop

Recurring live in-person seminar or workshop

On-demand webinar

One-time live virtual seminar or workshop

Recurring live virtual seminar or workshop

eLearning course

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 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, Editor & Product Coordinator, ACDIS  
[karla.kozak@hcpro.com](mailto: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 allotted for breaks or meals.