

CONTINUING EDUCATION (CE) SUMMARY FORM

Association for Healthcare Documentation Integrity

Date submitted: _____

4120 Dale Road, Suite J8-233, Modesto, CA 95356

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NAME:		AHDI ID #:	
ADDRESS:		<p style="color: red;">Each CMT/CHDS is responsible for complying with all current CE and Recertification Guidelines and Policies. Review these at www.ahdionline.org > Recertification</p> <p>Print or type all information. List one entry per line.</p>	
Work phone:			
Home phone:			
Email:			
Fax:			
<input type="checkbox"/> <i>check this box if any info above has changed in the past three years to ensure AHDI has your current contact information</i>			

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved CORE	Validation by AHDI CORE
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Clinical Medicine (8 Required)

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Medicolegal (4 Required)

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Professional Development (6 Required)

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Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved CORE	Validation by AHDI CORE
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Technology & Tools (8 Required)

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Additional Credits (4 Required - Core or Optional)

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved Core Opt.		Validation by AHDI Core Opt.		
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If more than 30 CEs are submitted, please fill out an additional CE form and attach it to this form.

FOR AHDI USE ONLY

Date: _____

Total Core: _____ **Total Optional:** _____

Validated by: _____

Core Areas:

- CM Clinical Medicine
- ML Medicolegal Issues
- PD Professional Development
- TT Technology & Tools

Optional Areas:

- CoM Complementary Medicine

**CONTINUING EDUCATION (CE) SUMMARY FORM
ADDITIONAL CREDITS LISTING**

Please attach to original Summary Form - Photocopy as needed.

NAME:		AHDI ID #:	
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	Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved		Validation by AHDI	
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