

# RHDS CONTINUING EDUCATION (CE) SUMMARY FORM

Association for Healthcare Documentation Integrity  
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Date submitted: \_\_\_\_\_

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<b>NAME:</b>		<b>AHDI ID #:</b>	
<b>ADDRESS:</b>		<p style="color: red;"><b>Each RHDS is responsible for complying with all current CE and Recertification Guidelines and Policies.</b></p> <p>Review these at <a href="http://www.ahdionline.org">www.ahdionline.org</a> &gt; Recertification&gt;RHDS Recertification</p> <p><b>Print or type all information. List one entry per line.</b></p>	
<b>Work phone:</b>			
<b>Home phone:</b>			
<b>Email:</b>			
<b>Fax:</b>			
<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 (6 Required)

1.				
2.				
3.				
4.				
5.				
6.				

## Professional Development (4 Required)

1.				
2.				
3.				
4.				
Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved CORE	Validation by AHDI CORE

## Technology & Tools (6 Required)

1.				
2.				
3.				
4.				
5.				
6.				

**Medicolegal (2 Required)**

1.				
2.				

**Additional Credits (2 Required - Core or Optional)**

Title of Presentation or Article (List each separately)	Sponsor or Source	Date of Activity	No. of CECs Approved		Validation by AHDI	
			Core	Opt.	Core	Opt.
1.						
2.						
<b>Subtotal Additional:</b>					—	—
					C	O

**If more than 20 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 Area:**

- CoM Complementary Medicine

