



## Application for Prior CEU Approval

Please submit this application with the appropriate CEU fee to **HCPPro, Inc., Attn: Certified Clinical Documentation Specialist Program, P.O. Box 3049, Peabody, MA 01961-3049**  
 Or fax to **800/738-1553, Attn: Certification Program Manager**, or email [application@cdiassociation.com](mailto:application@cdiassociation.com)

### 1. Program sponsor information

**Sponsorship category:**

**Nonprofit:**

- Educational facility
- Association/society/hospital
- ACDIS local chapter
- Other, please describe: \_\_\_\_\_

**For profit:**

- Corporate
- Private
- Other, please describe: \_\_\_\_\_

Sponsoring organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Web site: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Contact person (name and title): \_\_\_\_\_

### 2. CEU fee (Note: Fee is waived for ACDIS local chapters)

	Number of CEUs	Total fee
For profit: \$150 1–5 CEUs, \$30 each CEU above 5		
Nonprofit: \$75 1–5 CEUs, \$15 each CEU above 5		

**Payment information:**

- Check
- Money order
- Credit card
- Visa
- MasterCard
- American Express
- Discover

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Name as it appears on credit card: \_\_\_\_\_

### 3. Contract for prior approval

As the representative for the sponsoring organization, I have reviewed ACDIS's requirements for prior approval of a continuing education program and agree to abide by them. I agree to:

- Submit a copy of the marketing brochure for this program
- 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
- Not use ACDIS or its name in any manner in conjunction with this program or its sponsoring organization except as allowed by ACDIS's 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: \_\_\_\_\_



**4. Program overview**

Program title: \_\_\_\_\_

Total number of CEUs requested: \_\_\_\_\_ Program length (hours and/or minutes): \_\_\_\_\_

(Note: One CEU is provided per hour of instruction, excluding breaks/lunches)

Please indicate how the number of CEUs was calculated: \_\_\_\_\_

Teaching methodology (check all that apply):

- Face-to-face seminar or workshop
- Virtual (Web-based) seminar or workshop
- E-learning (Web-based) course
- Face-to-face lecture
- Audio conference/seminar
- Other (please specify): \_\_\_\_\_

Program dates and locations (attach additional sheet if more space is needed)

Start date	End date	City	State

Speaker(s)/faculty/developer(s) of activity (please include credentials and submit a bio, description, or résumé)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Learning objectives—Please describe knowledge or skills gained after completion of activity

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Additional documents required:**

- Marketing materials
- Timed program agenda or table of contents
- Résumé /CV of speaker(s) or presenter(s)
- Temporary access for Web-based programs
- Documentation of nonprofit status

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ADMINISTRATIVE USE ONLY	
<input type="checkbox"/> CS	CPM: Date Processed
<input type="checkbox"/> PP	
<input type="checkbox"/> Sent to CPM	