



Application for Prior CEU Approval

Please mail this application with the appropriate CEU fee to:

HCPPro, Inc.,
Penny Richards, Certified Clinical Documentation Specialist Program
P.O. Box 3049, Peabody, MA 01961-3049

Fax 800/738-5542
 Attn: Penny Richards
 E-mail prichards@cdiassociation.com

I. Program sponsor information

Sponsorship category:

- Educational facility
- Association/society/hospital
- ACDIS local chapter
- Other; please describe: _____

Nonprofit:

For profit:

- Corporate
- Private
- Other; please describe: _____

Local Chapter Name: _____
 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

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

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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 improvement 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.

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