

Corporate Compliance

Healthcare Compliance Certification Online



An eLearn Training Program for Compliance Administrators and Executives

Work online at your own pace with no scheduled classes to attend

Sponsored by



American Institute of Healthcare Compliance, Inc.

431 W. Liberty Street ♦ Medina, Ohio 44256

Toll Free: 866-571-5635 ♦ Cleveland/Akron Area: 330-241-5635

Fax: 330-952-0716 / [Contact Us](#)

Visit our web site at www.aihc-assn.org

**An Internationally Recognized Compliance Training & Certification Leader in Health Care
501(c)(3) Non-Profit Organization**

Who should take this course?

This course is for healthcare professionals with medical compliance office experience or in need of additional healthcare compliance training.

What is eLearn training?

eLearn Training courses are online instructor assisted programs. There are no scheduled classes to attend. You may work at your own pace and will have the ability to login to your information 24 hours per day. Your instructor will be available to communicate by phone and e-mail to assist you throughout your training program. Instructors provide online access, technical support and course instruction as needed to help in your educational efforts.

What will I learn from this course?

- To begin studying Risk, Risk Management & understanding more about your organization.
- Internet Resources – Government action against Fraud & Abuse
- Learning about “NIST” & reducing Risk through Risk Mitigation methods.
- Emergency Action Plan (EAP)
- Compliance overview of OSHA, SDS
- Red Flag/Identity Theft Compliance to FTC standards
- HIPAA Patient Privacy changes under the ARRA
- How to conduct a Risk Assessment in your office
- Compliance – Understanding Healthcare Fraud & Abuse
- FBI involvement in Fraud & Abuse, HEAT, Recovery Audit Contractors
- False Claims Act, Kickbacks, Self- Referral Violations, OIG Compliance
- Rental of Office Space (OIG Safe Harbor), Web Site References
- Developing an Effective Compliance Program, FERA, FCA
- Stark: Overview I, II & III, Voluntary Disclosures & Post Payment Audits
- Managing Health Care Fraud Investigations & Subpoenas

What is the cost? What is included?

Tuition: \$1250.00

AIHC Members pay only \$850 with Coupon Code located in the AIHC Member Store!

- ✚ Start training after registration is processed. Course must be completed in 6 months to avoid extension fees and/or penalties
- ✚ Online Course Manager assigned to each professional enrolling in the program to provide professional guidance, technical web site support and assist in the learning experience
- ✚ eBook and Training Materials provided.
- ✚ Homework and online quizzes are accessed through your Online Course Page.
- ✚ Downloadable information can be used for future reference.
- ✚ AIHC Membership for one year (*for non-members only*)

Non-Member: [Click Here](#) to register online for this Course and AIHC Membership

AIHC Member: [Click Here](#), locate Course in the **AIHC Members Store**



Copy the Coupon Code & click “**Register Now**”

Login; Registration form auto-populates – enter coupon code at checkout

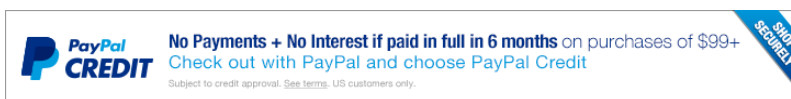
OR scroll down for hard copy registration form

Do you offer multiple student discounts for organizations?

Yes! Please [Contact Us](#) for more information!

Do you have payment options available?

Yes! We offer in-house payment plans – please [Contact Us](#) for more information **OR** we offer the option to use PayPal Credit when paying online through PayPal.



[Scholarship Assistance](#) is available to our **current** members employed with a company that does not offer tuition reimbursement.

Do you have a Refund Policy?

Yes! [Click Here](#) to view our Refund and Transfer Policy

Are there specific computer requirements needed for this course?

Computer
Requirements



Yes! You will need High-speed Internet access, Email, Microsoft Word, Excel & Adobe Reader

Can I earn Continuing Education Units (CEUs)?

Continuing
Education Units

Yes! EARN 18 CONTINUING EDUCATION UNITS



18 CEUs: This program has been approved for 18 continuing education units (CEUs) by the American Institute of Healthcare Compliance for AIHC Certified Professionals.

Optional Certification Exam available for qualified individuals

Experienced Healthcare Compliance Officers and Administrators have the option to Certify as an Officer of Healthcare Compliance, Certified (OHCCSM) after successful completion of the Corporate Compliance Training Program. The online exam can be taken from the comfort of your home or office by appointment only and scheduled with a professional AIHC proctor. The certification exam is **OPTIONAL**, but the cost is **INCLUDED** in your course tuition. [Click Here](#) for more information regarding the OHCCSM Certification Exam.

How do I maintain my OHCC Credential?

Once you are certified, you need to maintain your credential by earning six (6) continuing education units annually as described below.

[Click Here](#) to access the online CEU renewal chart.

AIHC OFFERS FREE AND LOW COST (\$35) CEU PROGRAMS TO OUR MEMBERS



Corporate Compliance Training Program ENROLLMENT FORM

Office Use Only

Date Received: _____
 Instructor: _____
 Web site Access: _____
 Payment Plan Yes No

Enrollment Date: _____ Print Name & Credentials: _____ Employer Name & Address: _____ <input type="checkbox"/> Ship text(s) here <i>Is Employer paying for this course? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> Home Address: _____ <input type="checkbox"/> Ship text(s) here	<p style="text-align: center;"><u>Tuition (CHECK APPROPRIATE BOX)</u></p> <p>Corporate Compliance Training Program:</p> <p><input type="checkbox"/> Tuition: \$1,250.00 <input type="checkbox"/> Optional Certification Exam <input type="checkbox"/> Coupon Code: _____ (if applicable)</p> <p>AIHC Member? Use coupon Code and Register for \$850!</p> <p><input type="checkbox"/> Tuition: \$850.00 <input type="checkbox"/> Optional Certification Exam <input type="checkbox"/> Coupon Code: _____ <input type="checkbox"/> Member ID#: _____</p>	
Print Position & Check Highest Level of Education:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma Program <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Masters or Higher </div> </div>		
Clearly Print Your Email Address(es) (For website administration & confirmation of registration) Primary: _____ Alternate: _____	Work Phone (Ext.): _____	Alternate phone / Cell: _____
Charge My Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Fax to: 330-952-0716		
Card #: _____ Sec Code _____ Exp. Date _____ Billing address for credit card: _____ Name as it appears on the card: _____ Authorized Signature & Date: _____		
<p>Paying by Corporate Check? Amount Due: _____</p> <p>Please make checks payable to: AIHC</p> <p>Mail to: American Institute of Healthcare Compliance 431 W. Liberty Street Medina, OH 44256 PHONE: 330-241-5635 / FAX: 330-952-0716</p> <p>Please visit our website at www.aihc-assn.org for more information about our company. Inquiries should be made to Contact us</p> <p>How did you hear about us?</p> <p><input type="checkbox"/> Mailing <input type="checkbox"/> Email <input type="checkbox"/> Co-worker <input type="checkbox"/> AIHC web site <input type="checkbox"/> AHIMA web site <input type="checkbox"/> Facebook <input type="checkbox"/> Other _____</p>		

American Institute of Healthcare Compliance, Inc.
Membership Application/Required for non-members enrolling in this program
(Membership included in price of tuition for NEW MEMBERS ONLY)

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG exclusion

Have you ever been:

- 1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?
- 2) Have you ever been on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals.

For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website <http://exclusions.oig.hhs.gov/>)

No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date