

Don't Expose Yourself! - CEU Package

A Refresher course in Medical Terminology, HIPAA, and Ethics for ALL credentialed members.



For AIHC Members Only - Price: \$75

Earn all 6 required CEUs needed for your next renewal!

The short lessons below are bundled at a special price. Everything is on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal.

Lesson 1 - A refresher in HIPAA and Ethics

- Does HIPAA Apply to YOU?
- Who has to be HIPAA compliant?
- Why is Work Ethic Important?

Lesson 2 - The Importance of Medical Terminology, Coding and Compliance

- What is the universal language used by health care professionals? Medical terminology, of course! It is the language which creates information for coders to review, abstract and report for reimbursement.
- Quiz over Lesson 1 & 2

Lessons 3-9 are quizzes only for review and to test your knowledge

Lesson 3 - Overview of Medical Terminology - Quiz

Lesson 4 - Terms of Musculoskeletal System - Quiz

Lesson 5 - Cardiovascular, Lymph and Immune System Terms - Quiz

Lesson 6 - Terms of the Respiratory and Digestive Systems - Quiz

Lesson 7 - Terms for Urinary and Nervous Systems - Quiz

Lesson 8 - Terms Related to the Eyes, Ears and Skin - Quiz

Lesson 9 - Terms for the Endocrine and Reproductive Systems - Quiz

Lesson 10 - "Expose" your knowledgeProficiency Exam

How to Register

Register Online – Return to the Enrollment Page and Pay via Credit Card!



We accept online registration payment via credit card.

Register Via Mail or Fax:




Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

Refund Policy

View the Refund Policy Posted on the Home Page of our Website under Financial Policies www.aihc-assn.org

Don't Expose Yourself! - CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	All for \$75 to Earn 6 CEUs in the following renewal categories for ALL credentials! ✓ Core ✓ HIPAA ✓ Ethics
Name & Credentials:	
Home Address:	
Employer Name & Address:	
	Work Phone Number:
	Alternate or Cell Phone Number:
<i>(For website administration and registration confirmation)</i> Primary Email Address:	
Alternate Email Address:	
Credit Card Payment Information:	 <input type="checkbox"/> MasterCard
	 <input type="checkbox"/> VISA
	 <input type="checkbox"/> Discover
Amount Approved on this Credit Card: <input type="checkbox"/> \$75 AIHC Fax Number: (330) 952-0716	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
Paying by corporate check? Pay \$75	
Please Make Check Payable to: AIHC	
AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256	