Quality, RCA and the 8D Approach CEU Package

Earn all Core, HIPAA & Ethics CEUs for any AIHC Credential

For AIHC Members Only - Price: \$75



Earn all 6 required CEUs needed for your next renewal!

The short courses below are bundled at a special price and designed to satisfy all Core, HIPAA and Ethics CEUs needed for our members to maintain any AIHC credential. Everything is on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal AND your CEUs automatically populate into your CEU tracker for you.

Quality, Root Cause Analysis & 8D Approach

- Importance of Patient Safety
- Medical Error Reduction and Prevention
- Building a Culture of Safety
- Improving Quality via Root Cause Analysis Using the 8D Problem Solving Method
- PSQIA & HIPAA Focus on Patient Safety

Ethics and Leadership

- Characteristics of an Ethical Leader
- Code of Conduct as a Part of Ethics
- Developing an Ethical Culture
- Six Categories of Virtuous Values Driving Ethical Behavior
- Creating Your Code of Conduct
- Recommendations on How to Implement a Code of Conduct
- Aligning Values & Conduct with Key Managerial Leadership Actions

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

Quality, RCA and the 8D Approach CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	
	All for \$75 to Earn 6 CEUs in the
Name & Credentials:	
	following renewal categories for
	ALL credentials!
Home Address:	-
	✓ Core
	✓ HIPAA
Francisco Nomo C Adduses	✓ Ethics
Employer Name & Address:	Mode Dhara Neumhau
	Work Phone Number:
	Alternate or Cell Phone Number:
(For website administration and registration confirmation)	
Primary Email Address:	
Alternate Email Address:	
Credit Card Payment Information: MasterCard DISCOVER NET THOSE OF THE PROPERTY OF THE PROPE	
[] MasterCard [] VISA [] Discover	
Amount Approved on this Credit Card: [] \$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	