

CHA CEU Package

For Certified Healthcare Auditors

For AIHC Members Only - Price: \$55

GOT CEUs?

Earn all 6 required CEUs needed for your next renewal!

The short courses below are bundled at a special price. All courses are now on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal. If you are also certified in OHCCSM, this will count for both your CHASM and OHCCSM renewal. This specially priced package includes:

Ethics and HIPAA Basics

- A short online, on-demand course to learn how to develop a culture demonstrating ethical behavior to help increase confidentiality, privacy and security of patient information. Includes Code of Conduct and key management tools.

Key to Coding Diabetes Mellitus (DM): ICD-10-CM 2023

- Learn more about diabetes, impact of this disease on other organ systems, gestational diabetes and introduction to coding diabetes.

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 www.aihc-assn.org

CHA Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	Bundled for \$55 ✓ Ethics & HIPAA Basics ✓ Key to Coding Diabetes
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"/> \$55 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: _____	
<p style="text-align: center;">Paying by corporate check? Pay \$55 Please Make Check Payable to: AIHC</p> <p style="text-align: center;">AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	