# **CHA CEU Package**

**For Certified Healthcare Auditors** 

## For AIHC Members Only - Price: \$55

# 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 OHCC<sup>SM</sup>, this will count for both your CHA<sup>SM</sup> and OHCC<sup>SM</sup> renewal. This specially priced package includes:

#### **Ethics and HIPAA Basics**

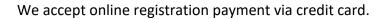
• A short online, on-demand course to learn how to develop a culture demonstrating ethical behavior to help increase confidentiality, privacy and security of patient information. Includes Code of Conduct and key management tools.

#### 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!



#### **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 <u>www.aihc-assn.org</u>





# CHA Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	Rundlad for SEE
Name & Credentials:	Bundled for \$55
	<ul> <li>✓ Ethics &amp; HIPAA Basics</li> <li>✓ Key to Coding Diabetes</li> </ul>
Home Address:	
Employer Name & Address:	-
	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 VISA Network	
[ ] MasterCard [ ] VISA [ ] Discover	
Amount Approved on this Credit Card: [ ] \$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:	
Paying by corporate check? Pay \$55	
Please Make Check Payable to: AIHC	
AIHC Mailing Address:	
3637 Medina Road – Suite 15, Medina, Ohio 44256	