

## CIFHA CEU Package

For Certified Internal Forensic Healthcare Auditors

For AIHC Members Only - Price: \$50

**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. This package includes:

#### How to Train Your Workforce

- This short course was designed as a blueprint for those charged with presenting any type of compliance presentation to a health care workforce, including C-suite executives and directors. It can be used as the foundation for building or revitalizing presentations with a train-the-trainer approach to effective methods of communicating important information.

#### 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.

#### 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 at [www.aihc-assn.org](http://www.aihc-assn.org).

# CIFHA Annual CEU Renewal Package

## HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b>	<h3 style="margin: 0;">Bundled for Only \$50</h3> <ul style="list-style-type: none"><li>✓ How to Train Your Workforce</li><li>✓ Ethics and HIPAA Basics</li></ul>
<b>Name &amp; Credentials:</b>	
<b>Home Address:</b>	
<b>Employer Name &amp; Address:</b>	
<b>Work Phone Number:</b>	
<b>Alternate or Cell Phone Number:</b>	
<i>(For website administration and registration confirmation)</i>	
<b>Primary Email Address:</b>	
<b>Alternate Email Address:</b>	
<b>Credit Card Payment Information:</b>	
<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"> <input type="checkbox"/> MasterCard</div><div style="text-align: center;"> <input type="checkbox"/> VISA</div><div style="text-align: center;"> <input type="checkbox"/> Discover</div></div>	
Amount Approved on this Credit Card: <input type="checkbox"/> \$50 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><b>Paying by corporate check? Pay \$50</b></p> <p><b>Please Make Check Payable to: AIHC</b></p> <p><b>AIHC Mailing Address:</b> <b>3637 Medina Road – Suite 15, Medina, Ohio 44256</b></p>	