

## CHA CEU Package

For CHA Credentialed Members

**GOT CEUs?**

**For AIHC Members Only - Price: \$50**

### Earn all 6 required CEUs needed for your next renewal!

The relevant topics below are bundled at a special price and designed to satisfy all CEUs needed for our members to maintain their CHA<sup>SM</sup> credential. Enjoy quick and easy access to complete your Continuing Education Units for your next credential renewal AND your CEUs will automatically populate into your CEU tracker for you.

#### Quality, Patient Safety and AI

- Quality of care; Adverse events; Integrating AI to improve quality

#### Is the Data You're Using Secure?

- Cybersecurity; HIPAA Security Rule; AI privacy concerns; AI & the White House

#### Using RCA to Investigate Events

- 7 steps of a Root Cause Analysis for a Performance Improvement Project

#### Fishbone and Gap Analysis Tools

- Collecting data; Documenting information; Pareto principle; Gap Analysis steps

#### Accuracy in Reporting Your Analysis

- Reliable data; Importance of formulas; Measures of location; Measures of Dispersion

### 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 & Financial Policies

View the Refund Policy Posted on the Home Page of our Website under Financial Policies [www.aihc-assn.org](http://www.aihc-assn.org)

# CHA CEU Renewal Package

## HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b>	<h3>Bundled for \$50</h3> <ul style="list-style-type: none"><li>✓ Quality, Patient Safety and AI</li><li>✓ Is the Data You're Using Secure?</li><li>✓ Using RCA to Investigate Events</li><li>✓ Fishbone &amp; Gap Analysis Tools</li><li>✓ Accuracy in Reporting Your Analysis</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>	  
	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover
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 style="text-align: center;"><b>Paying by corporate check? Pay \$50</b></p> <p style="text-align: center;"><b>Please Make Check Payable to: AIHC</b></p> <p style="text-align: center;"><b>AIHC Mailing Address:</b> <b>3637 Medina Road – Suite 15, Medina, Ohio 44256</b></p>	