

ICDCT-CM CEU Package

For ICDCT-CM Credentialed Members

GOT CEUs?

For AIHC Members Only - Price: \$50

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 CEUs needed for you to maintain your ICDCT-CMSM credential. 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:

Capturing & Coding Social Determinants of Health (SDoH) for Physicians & Hospitals

- This course provides an introduction to the importance of addressing, documenting and coding Social Determinants of Health (SDoH) within our health care system to improve the quality of care and health outcomes in our communities.

Ethics & 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

All CEUs for ICDCT-CM



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 & Financial Policies

View the Refund Policy Posted on the Home Page of our Website under Financial Policies www.aihc-assn.org

ICDCT-CM CEU Renewal Package

HARDCOPY REGISTRATION FORM

Enrollment Date:	<h3>Bundled for Only \$50</h3> <p>All CEUs for ICDCT-CM</p> <ul style="list-style-type: none">✓ Capturing & Coding Social Determinants of Health (SDoH) for Physicians and Hospitals✓ Ethics & HIPAA Basics
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"/> \$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>Paying by corporate check? Pay \$50</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address: 3637 Medina Road – Suite 15, Medina, Ohio 44256</p>	