

OHCC CEU Package

For Officer of Healthcare Compliance, Certified

For AIHC Members Only - Price: \$65

GOT CEUs?

Earn all 6 required CEUs needed for your next

renewal! The elements below are bundled at a special price. All information is on *one course page* for quick and easy access to complete your Continuing Education Units for your next credential renewal.

This package includes:

- **Introduction to Building an Effective Compliance Program**
- **The Role of the Compliance Officer**
- **Board of Directors and Compliance Oversight**
- **Compliance Training for C-Suites and the Board of Directors**
- **HIPAA and HITECH**
- **AI & HIPAA**
- **Right of Access and the HIPAA Privacy Rule**

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 & Financial Policies:

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

OHCC Annual CEU Renewal Package

HARDCOPY REGISTRATION FORM

| | |
|---|--|
| Enrollment Date: | <h3 style="margin: 0;">Bundled for Only \$65</h3> <ul style="list-style-type: none"> ✓ Introduction to Building an Effective Compliance Program ✓ The Role of the Compliance Officer ✓ Board of Directors and Compliance Oversight ✓ Compliance Training for C-Suites and the Board of Directors ✓ HIPAA and HITECH ✓ AI & HIPAA ✓ Right of Access and the HIPAA Privacy Rule |
| 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: [] \$65 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 \$65</p> <p>Please Make Check Payable to: AIHC</p> <p>AIHC Mailing Address:</p> <p>3637 Medina Road – Suite 15, Medina, Ohio 44256</p> | |