

# CRAS<sup>SM</sup> CEU Package

For Right of Access Specialists



**For AIHC Members Only - Price: \$65**

**Earn all 6 required CEUs needed for your next renewal!** The modules below are bundled at a special price. Everything is on *one page* for quick and easy access to complete your Continuing Education Units for your next credential renewal. This package includes:

- **An Introduction to the Reproductive Health Final Rule**
- **Provisions of the Final Rule**
- **Notice of Privacy Practices (NOPP)**
- **Office for Civil Rights (OCR) Investigations**
- **Office for Civil Right (OCR) Sanctions**
- **Keeping Information Secure**
- **The HIPAA Security Rule**
- **Keeping Information Secure – Avoiding Scams**
- **The Minimum Necessary Standard & HIPAA**
- **Medical Record Retention & Access Requirements**



## 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).

# CRAS<sup>SM</sup> Annual CEU Renewal Package

## HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b>	<h3>Only \$65</h3> <ul style="list-style-type: none"><li>✓ An Introduction to the Reproductive Health Final Rule</li><li>✓ Provisions of the Final Rule</li><li>✓ Notice of Privacy Practices (NOPP)</li><li>✓ Office for Civil Rights (OCR) Investigations</li><li>✓ Office for Civil Right (OCR) Sanctions</li><li>✓ Keeping Information Secure</li><li>✓ The HIPAA Security Rule</li><li>✓ Keeping Information Secure – Avoiding Scams</li><li>✓ The Minimum Necessary Standard &amp; HIPAA</li><li>✓ Medical Record Retention &amp; Access Requirements</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>	
	   [ ] MasterCard [ ] VISA [ ] 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><b>Paying by corporate check? Pay \$65</b></p> <p><b>Please Make Check Payable to:</b></p> <p><b>AIHC</b></p> <p><b>Mailing Address:</b></p> <p><b>3637 Medina Road – Suite 15, Medina, Ohio 44256</b></p>	