



Professional Healthcare Institute of
AMERICA

A division of Medical Staff S.O.S., Inc.

INTERNATIONAL - INDIA
Continuing Education Units (CEU's) Form
Date _____

"There are no secrets to success:
Don't waste time looking for them.
Success is the result of perfection,
hard work, learning from failure,
loyalty to those for whom you work,
and persistence."
Author Unknown

Credentials (check all that apply) CCP____ CMPM____ CCO____ CMBS ____ CCP-AS____ CCP-H____

Name _____ Address (home) _____

City _____ State _____ Zip _____ Home Phone () _____

Company Name & Address _____ City _____ State _____ Zip _____

Work Phone () _____ Fax () _____ E-mail _____

Is work or home information new? Yes or No Last Four Digits of Social Security Number: _____

Membership Renewal: \$125 Method of payment: **Check enclosed** Check # _____

MC/VISA/Discover #: _____ **3-digit Security Code:** _____ **Exp. Date** _____

Name & Address on Card (if different from above) _____ **Signature** _____

PLEASE NOTE: All information above is kept in the strictest of confidence; your information will never be sold or given to any other person or organization unless you have been contacted in advance and have given your expressed written permission.

Sixteen (16) CEUs are required for one certification. **Six (6) CEUs** are required for each additional specialty certification (CCP-H, CCP-AS, etc.) you hold. The initial 16 CEUs should relate to your first certification and if applicable additional CEUs should pertain to your specialty certification. This can be in the form of:

Seminars One (1) CEU per hour * **Audio-Conferences** One (1) CEU per hour *

* (certificate of completion required for seminars and audio-conferences indicating topic, time, place, date, presenter)

Publications (written summary double spaced of an article pertaining to your specific certification must be at least one page in length) (1-CEU per article)

Scenarios depicting real life experiences on the job.

- Must be related to your specific certification – management (CMPM), compliance (CCO), coding (CCP, CCP-H, CCP-AS) or billing (CMBS).
- Scenario (E/M or operative report) must include a solution (if problem), conclusion or final outcome (if billing situation or compliance issue) and appropriate CPT, ICD-9, HCPCS codes must be provided.
- Scenario must be typed and must not include any PHI or employee information. (Good fiction is accepted!) Must be a minimum of one-half page (single spaced) in length. *One (1) CEU will be awarded per scenario.*

Audits You will be required to show your work reflecting the three (3) Key Components indicating how you arrived at the level chosen and where the documentation was credited. You must also provide appropriate CPT, ICD-9-CM & HCPCS codes. (1-CEU per Audit)

Teaching You may submit your time for teaching or speaking on a topic related to your specific certification. Number of CEU's awarded for teaching will be determined by various factors therefore it will be necessary to contact member services for final determination.

Questions? Please contact Member Services at (502) 473-8806 ext. 203, Toll Free 866-473-3036 or membership@phia.com

Please do not send originals!

How many CEU's are you submitting? _____ How many are due? (Not sure? give us a call) _____

Type of continuing education /title	Date Completed	Verification (must include copy)	# CEU's Requested

Need more room? Please use the back of this form; then send this form (make a copy for yourself) along with all support documentation and membership renewal fee. You will receive your renewal packet in approximately 2-3 weeks– Thanks!

Upon completion, please EMAIL to: PHIA
Attention: Membership Services
4010 Dupont Circle, Suite #418
Louisville, KY 40207

RENEWAL FORMS OR CEUs Will Not Be Accepted by FAX!!!