



NORTHEAST FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.

Continuing Education Certificate of Participation

Name: _____ AHIMA ID #: _____

This program meet’s AHIMA’s guidelines for continuing education credits. This form serves as verification of attendance.

Please follow these instructions:

1. Write or type in your name and AHIMA ID number above.
2. Record the number of hours attended for each session.
3. Enter total for each day (if applicable).
4. Transfer the information to your AHIMA Continuing Education Report Form.
5. Retain this information in your personal CE file as verification of participation in the event you are selected for an audit.

Program Name:	NEFHIMA Annual Regional Meeting
Program Date(s):	January 18, 2019
Location:	Santa Fe College, Gainesville, FL and via GoToMeeting Webinar

Session Title	Speaker Name	HIIM Domain	# of CEUs
Privacy Updates	Carol Meszlenyi	Privacy and Security	1.0
Maximizing Value	Lilliana Bell	Performance Improvement	1.0
Coding for SNF and LTC	Kelly Cooper	Clinical Data Management	1.0
This program has been approved by AHIMA for the following number of CEUs			3.0