



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 Lunch N Learn
Program Date(s):	September 20, 2018
Location:	GoToMeeting Webinar

Session Title	Speaker Name	HIIM Domain	# of CEUs
Clinical Documentation Improvement	Martha Lampley	Clinical Data Management	1.0
This program has been approved by AHIMA for the following number of CEUs			1.0