



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 2019 Fall Symposium
Program Date(s):	Saturday, November 9, 2019
Location:	Mayo Clinic, Jacksonville FL

Session Title	Speaker Name	HIIM Domain	# of CEUs
Pre-Hospital Stroke Assessment	Lisa Nordan, MBIT	Technology	1.0
2019 Telemedicine and Coding Update	Catrena Smith, CCS, CCS-P, CHTS-PW, CPC, CPCO, CIC, CRC, CPC-I	Clinical Data Management	1.0
Repetitive Hand Motion Injuries: Prevention and Treatment	James Braxton, CHT, OT	Clinical Foundations	1.0
This program has been approved by AHIMA for the following number of CEUs			3.0