



ASHRM Professional Recognition Program  
Continuing Education Reporting Form

**Instructions:** Complete this form and copy the number of each line item into the upper right-hand corner of corresponding continuing education certificates. Duplicate this form if necessary.

Title of Course/Presentation	Provider	Date of Activity	Contact Hours*	Content Code**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**\* Contact hours conversion:**

1 academic semester credit = 15 contact hours

1 academic quarter credit = 10 contact hours

1 CEU or continuing education unit = 10 contact hours

1 CME or CDE = 1 contact hour

*(A contact hour is defined as 60 minutes of educational experience)*

Content Category	Code
Clinical/Patient Safety	1
Claims & Litigation	2
Legal & Regulatory	3
Risk Financing	4
Health Care Operations*	5

\*Enterprise Risk Management is included as part of this domain.