



CONTINUING EDUCATION APPLICATION

ASHRM offers Continuing Education Credits for educational programs. The credits apply toward the ASHRM designations of Fellow (FASHRM) and Distinguished Fellow (DFASHRM) and towards Certified Professional in Healthcare Risk Management (CPHRM) renewal.

Instructions for submission

- **ONLY** ASHRM Affiliated Chapters can email this application to Greelda Buchanan at gbuchanan@aha.org. **For security purposes, any applications emailed to us with credit card information will not be received or processed.**
- All applications for CE approval must include the appropriate information and fees. If all information is not received your application will be returned to you.
- Applications must be submitted a minimum of (four) 4 weeks prior to the date of the program. Late applications may be denied.
- Once reviewed, a letter will be e-mailed to the address listed on the continuing education approval application with information on the status of the application.
- Payment **must** accompany the application. Please refer to the fee schedule to calculate the appropriate fees. **Your application will not be processed until full payment is received.**
- The application fee is not refunded if an application is denied.
- To qualify for approval, programs must relate to the content outline categories of the CPHRM examination which can be found in the candidate handbook and application at the following link: <http://www.aha.org/certifcenter/CPHRM/index.shtml>

Content Code	CPHRM Content Outline Category
1	Clinical/Patient Safety
2	Risk Financing
3	Legal and Regulatory
4	Healthcare Operations
5	Claims and Litigation

- The following presentation information is required: Title, Date of Activity, Purpose, Description, Learning Objectives, Agenda (include times) and a short Bio for each speaker.
- 60 minutes of presentation time = 1 contact hour. Include only educational portions of the program. Presentation time does not include time spent on general announcements, breaks, exhibits, association meetings.
- Programs approved by ASHRM for credit hours have an approval period of 12 months in which credit hours can be awarded.
- The correct statement to use in your marketing for continuing education approval is as follows:

This program has been approved for a total of ____ contact hours of continuing education credit toward fulfillment of the requirements of ASHRM designations of fellow (FASHRM) and distinguished fellow (DFASHRM) and towards certified professional in healthcare risk management (CPHRM) renewal.
- Program sponsors are responsible for monitoring attendance and furnishing each participant with evidence of attendance so that they may receive credit for the program. The retention of records of attendance is the responsibility of the sponsor. ASHRM cannot verify an individual’s participation in an educational activity.

APPLICATION CATEGORY

ASHRM Affiliated Chapter Program

NO FEE

Non-Chapter Program - Programs offered by institutions, individuals or corporations that are not an ASHRM Affiliated Chapter

\$150 - Single Offering
 \$300 - Multiple Offering
(single program offered multiple times)

APPLICATION FEE PAYMENT

Check (payable to ASHRM) If you are paying with a check, please mail your application and check to ASHRM, PO Box 75315, Chicago, IL 60675. **Allow for 1-2 weeks for processing.**

Credit card payments **MUST** be faxed to **312.422.3609** (secured fax)

Visa MasterCard American Express

Fee Amount: [Click here to enter text.](#)

Name on the Card: [Click here to enter text.](#)

Account Number: [Click here to enter text.](#) Exp. Date: [Click here to enter text.](#)

Signature _____

OFFICE USE ONLY

Date Application Received: [Click here to enter a date.](#)

Approved for _____ CE hours

Not Approved - Reason: [Click here to enter text.](#)

Date of Appeal: [Click here to enter a date.](#)

Final Status: Approved Denied

Applicant notified: [Click here to enter a date.](#)

By: [Click here to enter text.](#)

Product Code: 322CECREDIT