

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 Code Content Category**

1 Clinical/Patient Safety

2 Risk Financing

3 Legal and Regulatory

4 Healthcare Operations

5 Claims and Litigation

Additional copies of this form and the Application form may be downloaded from www.ashrm.org (FAQs page).