Association for integrity in Health Care Documentation

Certification in Clinical Documentation Improvement & Integrity (C-CDI)
Continuing Education Form

Date _____ **AIHCD ID Number (If known)** _____

First Name _____ Last Name _____

Job Title _____ Company _____

Home Address _____ Work Address _____

City _____ State ____ ZIP _____ City _____ State ____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail Address _____

CEUs for Submission

Program Date	Program Title	Sponsoring Organization	CEU Hours

Please mail this form and copies of all documentation supporting recertification to:
AIHCD, P.O. Box 10530 Jackson Mississippi 39289. Forms may also be faxed to 769-208-8613
Questions? Feel free to contact DocuComp LLC with any questions at support@aihcd.org or 740-968-0472.
The recertification fee is $150.00. ☐ I paid the recertification fee online.