**Program Title**

**Name of Sponsoring Organization**

**Location**

**Date(s)**

Below are the session(s) that qualify for CPHIMS® or CAHIMS® continuing education (CE) hours. Check the “**√**” column for all sessions attended and total the number of hours earned each day. At the end of the form, total the number of hours earned for the entire event. **Do not send this form to HIMSS. Retain this form for your records.** You will need to provide a copy of this form if selected for an audit when renewing your certification.

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| --- | --- | --- | --- |
| **Date/Time** | **Session Title** | **Eligible Hours** | **(√)** |
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**Total Continuing Education hours earned for this event (max = x.x) \_\_\_\_\_\_\_\_\_**

I am claiming credits to renew my: □ CPHIMS □ CAHIMS

I attest that I have attended all the sessions indicated above in their entirety.

Printed Name Certificate Number

Signature Date