



CEU Approval Request

Professional Association of Health Care Office Management

GENERAL INFO

Name: _____ Member #: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

PROGRAM INFO

*Form must be received at least 10 days prior to start of the program. Processing Fee of \$150 per request must accompany application.
A copy of this form will be returned to you after review.*

Instructor Name/Credentials: _____

Attach following required documentation on: Knowledge of subject matter by education/experience Ability to instruct (CV or equivalent)

Program Title: _____

Program Dates: _____ Program Location: _____

Program Description (use separate paper if necessary): _____

Learning Objectives; what will the participant gain?: _____

Length of Program (Actual Class Time): Hours: _____ Minutes: _____

METHOD OF PAYMENT

Payment amount – \$150.00

Please make checks payable to PAHCOM

Credit Card #: _____ Exp Date: _____ Card Code: _____

Cardholder's Name: _____ Signature: _____ Date: _____



CEU Approval Guidelines

Professional Association of Health Care Office Management

Continuing education programs can be sponsored by organizations and institutions such as PAHCOM, state societies, commercial firms, colleges, medical centers, private consultants, and other associations or organizations. To obtain approval of the program and a rating as to how many CEUs would be recognized toward the requirement for recertification of Certified Medical Managers, the sponsor would need to:

- 1. Ensure that the content of the program is relevant to improving the effectiveness and efficiency of managing a small group or solo health care office.*
- 2. Submit the CEU Approval Request form to the PAHCOM Continuing Education Department in the format specified. A processing fee of \$150 must accompany each CEU Approval Request form.*
- 3. Conduct the program as outlined in the application and conform with any additional requirements necessary for PAHCOM approval.*

All advertisements and references to PAHCOM approved CEUs shall conform to the following:

“(Program Title) meets the criteria of the Professional Association of Health Care Office Management and is approved for _____ CEUs.”

When a program has been reviewed, the sponsor will receive a copy of the CEU Approval Request form indicating approval/denied status, CEU credit recognized, and subject category of the program. The sponsor will also receive a master copy of the PAHCOM CEU Certificate, which should be reproduced and made available to participants attending the program who wish to receive PAHCOM CEU credit. The participants are responsible for submitting the completed certificate to the PAHCOM National Office as required. The sponsor is responsible for maintaining records of attendance at each program in case a participant's eligibility for credit requires verification.