

Time

12:00 AM – 1:00 PM

Signature\_



Eligible

**Hours** 

 $(\sqrt{})$ 

Below are the sessions that qualify for CPHIMS or CAHIMS continuing education (CE) hours. Check the " $\sqrt{}$ " 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.

Session

□ Scott Gaines, Director of Business Development, EHR Solutions

	o Presentation: "Medication Prior Authorization: The Impact on Providers and Journey Towards an Electronic Solution"	1.0		
Total Continuing Education	hours possible to earn for this event (max = 1.0)		-	
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			

Date \_