



**CSOHIMSS  
2017 Ohio Health Information Technology (OHIT) Day  
April 5th, 2017**

Below are the sessions 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.

Time	Session	Eligible Hours	(√)
Noon – 1:00 PM April 3, 2017	<b>Ohio Health IT Advocacy Day Training</b>	1.00	
9:15 – 9:30 AM	<b>Advocacy Day Training Refresher</b> David Kissinger, Past President, CSOHIMSS	0.25	
10:00 AM – Noon	<b>Legislative Visits as Scheduled</b>	1.00	
Noon – 2:00 PM	<b>Luncheon Keynote Speakers</b> HIMSS Legislator of the Year – Rick Moore/Jeff Haas, Advocacy Chair and President, CSOHIMSS Senator Charleta Tavares D-15, Co-Sponsor S.B. 332 Commission on Infant Mortality Recommendations Director Barbara Sears – Ohio Department of Medicaid Sandy Oxley, Ohio Dept of Health – Chief of Maternal Child & Family Health Dr. Mark Redding, Co-Founder of Pathways HUB – Infant Mortality Pathways Jason Buckner, Chief Technical Officer, the Health Collaborative Dan Paoletti, CEO, The Ohio Health Information Partnership	2.00	
2:00 – 3:00 PM	<b>Legislative Visits as Scheduled</b>	1.00	
3:00 – 4:00 PM	<b>OHIT Day Panel – Healthcare IT Solutions to Infant Mortality</b> Moderator: Ryan Clark, President Elect CSOHIMSS Panelist: Dr. Mark Redding Mark Redding, Co-Founder of Pathways HUB Panelist: Sandy Oxley, Ohio Dept of Health Panelist: Dr. Mary Applegate, Ohio Dept of Medicaid Panelist: Tanikka Price, Moms2B Panelist: Reina M. Sims, MSA – Ohio Commission on Minority Health Panelist: Diane Cummins, Fiver Rivers Health Centers Panelist: Dan Paoletti, Ohio Health Information Partnership	1.00	

**Total Continuing Education hours possible to earn for this event (max =6.25)** \_\_\_\_\_

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 \_\_\_\_\_