CPHIMS

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	(√)
8:45 am – 9:30 am	❑ **Gary Ginter,** System Vice President, Chief Information Officer, Premier Health	.75	
9:30 pm – 10:15am	❑ **Keynote speaker: Jerry Clark, MD, FACP**, President and Chief Medical Officer Premier Health Group	.75	
10:45 am –11:30 am	❑ **Mary Jane Fellers, System Director**, Utilization Review & Care Coordination, Ohio Health "Hospital UM & Care Coordination (UM/CC): The Role & Challenges of Hospital UM/CC in a "Pop Health World"	.75	
12:30 – 1:15 PM	❑ Best Practices to Prevent Medical Identity Theft at No Cost **David Geiger, Vice President** of Business Development, CrossChx **Scott Mash, Operations Manager** – Physician & REC Services, Ohio Health Information Partnership	.75	
1:30 pm – 2:15 pm	❑ Breakout Sessions ❑ The Future of Your Legacy System Data: Why Plan? Donna Carter, CEO Carter Consulting ❑ Aligning your CQM and PQRS quality initiatives to avoid penalties and maximize incentives Cathy Costello, Director REC Services, Ohio Health Information Partnership ❑ Decoding Healthcare's Babel: Finding a Data Aggregation and Analytic Solution to Support Population Health Management Bob Matthews, President and CEO, MediSync ❑ Enterprise Analytics: Improving Health Care Organizations Dr. Jyoti Kamal, Chief Data Scientist, Health Care Dataworks	.75	
2:15 pm – 3:15 pm	❑ **Afternoon Keynote: Todd Henry**, Accidental Creative, "Passion for Work (Life)"	1.0	

Total Continuing Education hours possible to earn for this event
Total CEUs obtained at this event   4.75
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 _____