

Program Title Name of Sponsoring Organization Location Date(s)

Below are the session(s) that qualify for CPHIMSSM, CPHIMS-CASM or CAHIMSSM 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.

| Date/Time | Session Title | Eligible Hours | (√) |
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| Total Continuing Education hours earned for this even | (max = x.x) | |
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| I am claiming credits to renew my: | | 🗆 CPHIMS-CA | |
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I attest that I have attended all the sessions indicated above in their entirety.

Printed Name

Certificate Number

Signature

Date