# Health IT Certification

## CPEHR, CPHIT & CPHIE Certification and Maintenance of Certification Reporting Form for Individuals Earning CPHIT or CPEHR

Reporting Period: ☐ CPEHR (12 hrs)* From:_____ To:_____
☐ CPHIT (12 hrs) From:_____ To:_____
☐ CPHIE (12 hrs) From:_____ To:_____
☐ 2 or 3 creds (12 hrs) From:_____ To:_____

Name:_____ Certificate Number: _____

Address:_____

City, State, Zip:_____

Telephone:_____ Fax: _____

Email:_____

(Clock hours are rounded to the nearest whole number; e.g., 90 minutes = 1 hour, 105 minutes = 2 hours.)

| Program/ Publications Title | Sponsoring Organization/ Publisher | Location, if applicable | Date(s) | # of CE Hours |
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| **Total hours:** | | | | |

**Payment:**
☐ Check Payable to Health IT Certification: Send form and check to: Conference Office, 3291 West Wilson Road, Pahrump, NV 89048

To pay by credit card, you may fax this form to: 760-418-8084, or pay online at www.HeatlhITCertification.com, or mail to address above.

☐ American Express ☐ MasterCard ☐ Visa
Credit Card #_____ Expiration Date (MM/YY): __/__ Fee: $100.00

Name of Cardholder: _____

Signature of Cardholder: _____ Date: _____

**Total to be charged: $_____**

* Effective for those individuals earning the CPEHR certification prior to May 15, 2006, the requirement for CE is 10 hours for the first CE cycle. For example, if you earned CPEHR in January 2005 and your first CE cycle ends December 2007, you will not be required to earn 12 hours of CE credit until your second cycle, January 2008 through January 2010.