

# 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
<b>Total hours:</b>				

### Payment:

Check Payable to Health IT Certification: Send form and check to: Registration Office, 4676 Commercial St. SE #127, Salem, OR 97302-1902.

To pay by credit card, you may fax this form to: 858-228-1743, or pay online at [www.HeathITCertification.com](http://www.HeathITCertification.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.