| CE ARD | The Participan | The Participant Named Below (ATTENDEE NAME) | |
|---|--|--|--|
| | (ATTEND | | |
| received | of a <i>possible</i> 35.6 NON-LIVE CCB CEUs meeting content criteria in one o | Continuing Education Units) based on a 50-minute hour, r more of the following areas: | |
| A V D | pplication of Management Practices for the Compliance Professional pplication of Personal and Business Ethics in Compliance /ritten Compliance Policies and Procedures esignation of Compliance Officers and Committees ompliance Training and Education Recognized by the Compliance Certi | Communication and Reporting Mechanisms in Compliance Enforcement of Compliance Standards and Discipline Auditing and Monitoring for Compliance Response to Compliance Violations and Corrective Actions HIPAA Privacy Implementation fication Board (CCB)* for participation at: | |
| | The Virtual Forty Sec | ond HIPAA Summit | |
| | Sponsored by Global Healt | h Care, LLC, as follows: | |
| | Date of Completion: Non-Live Event via Self-Study/Rec | corded/On-Demand/eLearning | |
| | Program Code valid thro Program Code | | |

noted above. To report these CEUs, login to your SCCE or HCCA account > select Claim CEUs > select Pre-Approved Events and follow the prompts.

Questions: email: ccb@compliancecertification.org | phone: +1 888-277-4977 or +1 952 933 4977

Keep a copy of this certificate for your record.