



COMPLIANCE CERTIFICATION BOARD

Individual Accreditation Application

Please complete this form and return with supporting documentation to CCB Headquarters. Following application review and accreditation, a CCB program code will be assigned that should be referenced on all applications. Please allow a minimum of six weeks for review. This format of CEU only applies to events that fall in your maintenance period.

CONTACT INFORMATION

Applicant Name _____
Address _____

Phone _____ Fax _____
E-mail _____

PROGRAM INFORMATION

*Program Title _____

*Sponsoring Organization _____

*Date/Location of Program _____

*Type of Event: Live Web/Audio Conference Self-Study Other _____

*Please note: CEUS from "Live" events must fulfill a minimum of 50% of CEU requirements.

*Topic Areas Addressed (check all that apply):

- Application of Management Practices for the Compliance Professional
- Application of Personal and Business Ethics in Compliance
- Written Compliance Policies and Procedures
- Designation of Compliance Officers and Committees
- Compliance Training and Education
- 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

Estimated total hours spent in instructional activity on topics listed above: _____

Please attach a copy of the program agenda with session times indicated, any publicity pieces available, and a list of all program presenters, including name, title and employing organization.

APPLICABILITY

Please provide a description of the program (50 word minimum—attach additional sheets if necessary) outlining the applicability of the program to CCB test content matter.

ATTENDANCE VERIFICATION

Please provide a certificate, list of attendees, or other material verifying your attendance at the program for which you are making application.

By signing below, I certify that I have read and reviewed the CCB Guidance for the Accreditation of Continuing Education. I further certify I will cooperate with the CCB in all administrative functions related to the accreditation of this program and its subsequent recognition as a program fulfilling candidate requirements for CCB certification.

Signature

Date

**E-mail this form and documentation
to ccb@hcca-info.org or fax to 952-988-0146**

Compliance Certification Board
Office of Continuing Education
6500 Barrie Road, Suite 250,
Minneapolis, MN 55435
888-580-8373 (p) | 952-988-0146 (f)
ccb@hcca-info.org