



**PATIENT CARE DOCUMENTATION SEMINAR
2010 Seminar Registration Form**

Check the date and location you will be attending:

<input type="checkbox"/> March 12, 2010	<input type="checkbox"/> June 18, 2010	<input type="checkbox"/> September 24, 2010	<input type="checkbox"/> December 3, 2010
Newark, New Jersey	Denver, Colorado	Louisville, Kentucky	Denver, Colorado
<i>Deadline: February 19, 2010</i>	<i>Deadline: May 28, 2010</i>	<i>Deadline: September 3, 2010</i>	<i>Deadline: November 12, 2010</i>


Please check the applicable fee below. ALL FEES ARE NON-REFUNDABLE. In order to qualify for the COPIC discount, please complete the Application for Discount in addition to this registration form.

- Registration Fee: \$750.00 Full *
 \$450.00 COPIC- insured only *
 \$450.00 Repeat attendee Pending Approval (If more than twelve months have passed, contact our office to determine if you are eligible for a discount.) *

**Registration forms / payments received less than 2 weeks before the Seminar date will be charged a \$100.00 late fee.*

The Personalized Implementation Program (PIP) provides the opportunity for participants to receive three post-seminar chart reviews with feedback to assist with implementation of improved documentation skills. A separate PIP registration form is enclosed. The PIP enrollment fee and registration form are due one month post-seminar.

A. Demographics

Name		Degree	
Address		City	State Zip
E-Mail		Fax 	
Telephone		Mobile	

B. Practice and Patient Profile

Specialty	Subspecialty
Type of Practice	Practice Location

Average number of days worked per week: _____
Average number of office visits per day: _____
Average number of hospital admissions per month: _____
Average number of surgical procedures per month: Inpatient: _____ Outpatient: _____
If you provide OB care, average number of deliveries per month: _____

List percentage of patients in each category

Age	Under 18 _____%	18-65 _____%	Over 65 _____%
Gender	Male _____%	Female _____%	



C. Office Technology

Do you use an electronic medical record keeping (EMR) system? Yes No

Check all components in which computers are used:

- Billing Appointments Patient education

D.

Check all forms usually included in your office charts:

- Problem lists Adult health maintenance flow sheets
 Allergy lists Growth & development charts
 Medication schedules Disease management flow sheets (diabetes, asthma)
 Childhood immunization sheets

Do you use a SOAP note format? Yes No

Do you initial and date lab, x-ray and other reports? Yes No

E. Seminar Participation

Why are you attending the *Seminar*?

To better understand or learn more about: *(Check all that apply)*

- Documentation medical/legal issues
 Current and efficient medical record keeping procedures
 Technological advances for documentation
 HCFA, NCQA & COPIC guidelines
 Minimum requirements to for a successful chart audit/review

F. Required Attendance

If you are required to attend the *Seminar*, please select referring agency and complete the following including reason for mandate:

Enrollment in the post-Seminar PIP requires an additional registration form. The PIP registration form is attached for your convenience.

Please submit the registration form(s) and a check or money order made payable to CPEP in the appropriate amount as indicated above. You may also pay with a credit card or by electronic transfer by completing the attached payment form and returning to CPEP. Contact us at (303) 577-3232 if you require additional information.

How did you find out about the *Patient Care Documentation Seminar*?

- Internet CPEP Mail CPEP E-mail Referring agency Magazine or Newsletter Other

CPEP must have a signed and completed Authorization to Release/Receive Information form on file in order to communicate with individual(s) or organization(s) on your behalf.



**2010 Personalized Implementation Program (PIP)
Patient Care Documentation Seminar
Registration Form**

The fee for enrolling in the six-month Personalized Implementation Program (PIP) is \$1,500.00.* **Fees are non-refundable.**

Name		Degree	
Address		City	State
E-Mail		Fax	
Telephone		Mobile	
Which session of CPEP's Seminar did you attend?			
Are you required to participate in the PIP (e.g., by a state medical licensing board, hospital, group practice or another entity)?			

DEADLINE TO ENROLL
 Participants should enroll in the six-month PIP within one month of attending the *Seminar* for maximum educational benefit. Participants must enroll within *one year* of the *Seminar* date, otherwise the participant may be required to attend an additional *Seminar* and enroll in the coinciding PIP.

CHART REVIEWS/EVALUATIONS
 Participants in the PIP will submit three sets of charts as described in PIP's Guidelines for submitting charts to CPEP, every other month, for six months. The medical reviewer will provide written feedback after each chart review. A verbal feedback call with the medical reviewer is mandatory after the first and second reviews. Instructions for scheduling a verbal feedback call with the medical reviewer are included with the written feedback received with the two and four month reviews.

PIP COMPLETION
 The participant will receive a pass/fail evaluation which will be reflected in the Final Report following the final chart review; therefore, verbal feedback calls are a required component provided to assist participants with successful completion of the PIP. By not participating in the calls, a participant may be out of compliance with his/her referring agency's agreement. CPEP will submit a Final Report of the participant's progress after the final chart review.

REMINDER TO SUBMIT CHARTS
 Please mark your calendar with the dates provided in your PIP enrollment confirmation letter (to be received after payment is made in full). If charts are not received by CPEP on or before the deadlines stated in your PIP enrollment confirmation letter, CPEP will assume that the participant has elected not to complete PIP.

CPEP appreciates your cooperation as we strive to provide a quality educational experience to all participants. The above policies have been established so that participants receive the maximum educational benefit from this Program. If you have any questions, please feel free to contact CPEP.

***Participants who are currently enrolled in a CPEP Educational Intervention Plan may be eligible for a discount on the PIP. Please contact us at (303) 577-3232 for additional information. Please note that enrollment is not complete until payment has been received.**

AUTHORIZATION FORM

Center for Personalized Education for Physicians (CPEP)
Documentation Seminar and Personalized Implementation Program (PIP)

ES10891

FOR OFFICE USE ONLY	CLIENT #	DATE
----------------------------	-----------------	-------------

Effective date of authorization: _____
<input type="checkbox"/> New Authorization – ONE TIME

Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

Date of Fee Processing*: ____/____/____	Seminar Date: _____	Fee Designation:								
* MUST match date received in CPEP Office	Seminar Location: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">___ Seminar</td> <td style="width:30%;">\$ 750.00</td> </tr> <tr> <td>___ PIP</td> <td>\$ 1,500.00</td> </tr> <tr> <td>Course Admin Fee*</td> <td>\$ 25.00</td> </tr> <tr> <td>Total Fees:</td> <td>\$ _____</td> </tr> </table>	___ Seminar	\$ 750.00	___ PIP	\$ 1,500.00	Course Admin Fee*	\$ 25.00	Total Fees:	\$ _____
___ Seminar	\$ 750.00									
___ PIP	\$ 1,500.00									
Course Admin Fee*	\$ 25.00									
Total Fees:	\$ _____									
* Admin Fee only if Using Credit Card										

CHECKING / SAVINGS	Please debit my (check one):	Routing Number: _____
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Valid Routing # must start with 0, 1, 2, or 3
	<input type="checkbox"/> Checking Account (staple a voided check below)	Account Number: _____
I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand there are no refunds for the course fees.		
Authorized Signature: _____ Date: _____		

CREDIT CARD	Please charge my (check one):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. I understand there are no refunds for the course fees.	
	Signature (as it appears on the credit card): _____ Date: _____	