



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: _____ Zip: _____

E-mail: _____ Facsimile: _____

Email is the primary form of communication for the PIP.

Telephone: _____ Cell: _____

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 will 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 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 third and last 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

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

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 Education 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
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Effective date of authorization: _____

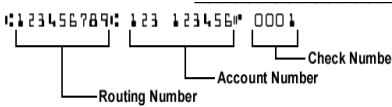
New Authorization – ONE TIME

Last Name	First Name
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Address

City	State	Zip
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Date of Fee Processing*: ____/____/____ <small>* MUST match date received in CPEP Office</small>	Seminar Date: _____ Seminar Location: _____	Fee Designation: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">____ Seminar</td> <td style="width:30%; text-align: right;">\$ 750.00</td> </tr> <tr> <td>____ PIP</td> <td style="text-align: right;">\$ 1,500.00</td> </tr> <tr> <td>Course Admin Fee</td> <td style="text-align: right;">\$ 25.00</td> </tr> <tr> <td>Total Fees:</td> <td style="text-align: right;">\$ _____</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:	\$ _____									

CHECKING / SAVINGS	Please debit my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;">  <p> 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 0 0 1 Routing Number Account Number Check Number </p> </div>
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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		
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;">Credit Card Number:</td> <td style="width:40%; padding: 5px;">Expiration Date:</td> </tr> </table>	Credit Card Number:	Expiration Date:
	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: _____

Please staple voided check over credit card section above if using checking account.