

PATIENT CARE DOCUMENTATION SEMINAR 2009 Seminar Registration Form

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.

Seminar Date: _____

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.)

Personalized Implementation Program (PIP): \$1,500.00 (This portion should be paid within one month post-seminar.)

A. Demographics

Name: _____ Degree: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail*: _____ Facsimile: _____

E-mail will be the primary form of communication for the Seminar and Personalized Implementation Program

Home Phone: _____ Work Phone: _____

Cell: _____ What is the best way to reach you? _____

B. Practice and Patient Profile:

Specialty: _____ Subspecialty: _____

Group practice: Solo practice: Other (specify) _____

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:

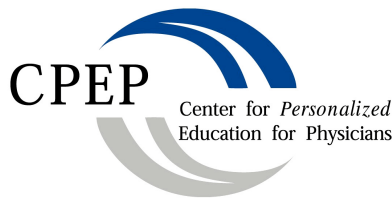
Age: Under 18 _____% 18-65 _____% over 65 _____%

Gender: Male _____% Female _____%

C. Office Procedures:

Check all components in which computers are used:

billing appointments patient care documentation patient education (electronic medical record)



Check all forms usually included in your office charts:

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

Do you use a SOAP note format? Yes No

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

D. Attendance:

Why are you attending the Documentation Seminar? (Check all that apply)

- To have more understanding of medical/legal issues with charting
- To learn more current, time efficient charting procedures
- To acquire knowledge on technological advances in charting
- To learn more about HCFA, NCQA & COPIC guidelines
- To understand the minimum requirements to pass a chart audit

Do you have any food restrictions? _____

E. Required Attendance

If you are required to attend the Documentation Seminar, please check the appropriate box.

- Mandated by hospital or group practice. Reason for mandate: _____

- Mandated by state medical licensing board. Reason for mandate: _____

- Stipulation (please specify): _____

- Other (please specify): _____

Enrollment in the Personalized Implementation Program (PIP) requires an additional registration form. To obtain a copy of this form, please contact CPEP, or you may download the form by visiting www.cpepdoc.org.

Please submit the registration form(s) and a check or money order made payable to CPEP in the appropriate amount as outlined above. Contact us at (303) 577-3232 if you require additional information.

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

- Internet
- CPEP Mailing
- Board
- 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.