**CODERS CREDENTIAL REPORTING FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility Name |  |  |  | Audit Year |  |
| HAAD License No: |  |  |  | Audit Representative Name |  |

**Instructions :**

Please fill the form with details of all the coders in your facility as mentioned below. Please insert additional rows if required.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of Coder | Certification | Valid thru | Membership ID | Date of Expiry | Last CEU Submission Date | Total/  Earned CEUs |
|  |  |  |  |  |  |  |  |
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Affidavit: Each coder of this facility hereby verifies the truth of the entries on this Continuing Education Report Form. We affirm that coders have participated in continuing education activities and that the number of CEUs reported is correct. We will be able to supply supporting documentation verifying participation and summarizing content for the CEUs reported.

Date: ………………………………. Signature of Audit Representative/Compliance Officer : ………………………………………