

Certification in Clinical Documentation Improvement and Integrity Continuing Education Form

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| Program Date | Program Title | Sponsoring Organization CEU Hours |
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| Please mail this form and copies of all documentation supporting recertification to: DocuComp LLC Healthcare, P.O. Box 10530 Jackson Mississippi 39289. Forms may also be faxed to 769-208-8613 | | |
| Questions? Feel free to contact DocuComp LLC with any questions at CustomerService@docucompllc.com or | | |
| 740-968-0472. The recertification fee is \$150.00. | | |