Physician Advisor Clinical Documentation and Integrity
Continuing Education Form

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CEUs for Submission

Program Date	Program Title	Sponsoring Organization	CEU Hours

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.** ☐ I paid the recertification fee online.