



# Review of Systems-expanded School of Medical Transcription Compliance Course Registration Form

Please enroll me in the Review of Systems' Compliance Course. This Compliance Course consists of online weekly presentations, consisting of 4 medicolegal Continuing Education Credits (CECs) from the Association for Healthcare Documentation Integrity (AHDI). Course instructor will be Brenda J. Hurley, CMT, AHDI-F.

Introductory Class Dates and Registration Fees (check one box for dates you wish to attend)

**\$120** - Registrations are now being processed for December and January classes. Course dates to be announced shortly.

Advanced Class Dates and Registration Fees:

**\$150** - Registrations are now being processed for December and January classes. Course dates to be announced shortly.

Classes will be recorded for viewing by class registrants. The availability for these recordings will be only for a limited time. Additional classes will be scheduled in the future as demonstrated by the need.

A discount of 10% can be granted to groups of 5 or more with participants from the same employer, healthcare facility or fellow chapter members. Please contact Cindy Richardson, CMT, at [statdoc1@aol.com](mailto:statdoc1@aol.com) or 1-866- 424-6043, for approval for your group.

Amount of check enclosed or amount to be charged to credit card \$ \_\_\_\_\_

**Payment Method:** If paying by check or money order, mail to Review of Systems, expanded, 5822 Spruce Creek Woods Drive, Port Orange, FL 32127 or fax to 1-386-756-9714 with completed credit card information.

Print this form, make a copy for yourself and mail to address below or fax to number below. We are happy to answer any questions you may have — we're just an e-mail, fax or call away!

Participant Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ FAX \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Check or money order enclosed or Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disclaimer:** This information is provided for educational purposes only and should not be considered legal advice or a substitute for seeking the services of legal counsel for appropriate expertise in all lawful matters.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Signature denotes that you have read and understand the Disclaimer above and agree to participate in the Compliance Course.