



# Individual Accreditation Application

Complete this form if you participated in an event that was not pre-approved for CCB Continuing Education Units. If approved, CCB CEUs may be used toward Certified in Healthcare Compliance (CHC)<sup>®</sup>, Certified in Healthcare Compliance–Fellow (CHC-F)<sup>™</sup>, Certified in Healthcare Privacy Compliance (CHPC<sup>®</sup>), Certified in Healthcare Research Compliance (CHRC)<sup>®</sup>, Certified Compliance & Ethics Professional (CCEP)<sup>®</sup>, Certified Compliance & Ethics Professional–Fellow (CCEP-F)<sup>®</sup>, Certified Compliance & Ethics Professional–International (CCEP-I)<sup>®</sup> certifications. See the appropriate Candidate Handbook for more information. Following application review and approval, credits will be logged in your CCB account and available to view online. Allow up to six weeks for a CCB certification specialist to review.

Complete the online Individual Accreditation form at [www.compliancecertification.org](http://www.compliancecertification.org), or send this completed Individual Accreditation Application form to:

**mail:** Compliance Certification Board, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

**fax:** 952-988-0146 | **email:** [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org) | **phone:** +1 952 933 4977 or 888 580 8373

## PERSONAL INFORMATION

* First Name	* Last Name	* Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Telephone	SCCE/HCCA User ID (optional)	*Email (confirmations will be sent to this address)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PROGRAM INFORMATION

*Program Title	
*Sponsoring Organization	
*Date/Location of Program	*DENOTES REQUIRED FIELD

## TYPE OF EVENT

Live  Non-Live/ Self Study  Speaker  Other \_\_\_\_\_

*(Note: CEUs from "Live" events must constitute at least 50 percent of CCB CEUs toward certification and renewal. See the certification's Candidate Handbook for a list of suggested activities and their CEU values.)*

## TOTAL HOURS

Total hours (60 minutes/hour) spent in instructional activity in program above: \_\_\_\_\_

*(Note: Only half-credits are granted for participating in a presentation during a meal. Speakers may earn a maximum of 2.0 live CCB CEUs per presentation for the initial presentation date only.)*

## SUPPLEMENTAL MATERIALS

Attach a complete agenda that outlines session times, a sample of handouts that does not exceed ten pages, and/or a certificate of attendance with total hours of participation included.

## ATTENDANCE VERIFICATION

Sign and date below certifying that you were in attendance during the hours indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date