Report Newsletters Submission Form



This form should only be used to submit as attestation of having read the Report Newsletters offered by the Society of Corporate Compliance and Ethics (SCCE) and the Health Care Compliance Association (HCCA) for CCB Continuing Education Units (CEUs). Each issue will be awarded 1.0 non-live CCB CEU. CCB certification staff will review and process your form within four weeks. You may view your account activity online at & corporatecompliance.org/my-ceus or & hcca-info.org/my-ceus.

Return completed form to:

mail: Compliance Certification Board, 6462 City West Parkway, Eden Prairie, MN 55344, USA
fax: 952-988-0146 | email: ccb@compliancecertification.org | phone: 888.580.8373 or +1 952.933.4977
Questions: Contact CCB using the information above.

PERSONAL INFORMATION

* First Name	* Last Name	Middle Name
*Telephone	SCCE/HCCA ID number (optional)	*Email
*DENOTES REQUIRED FIELD		
NEWSLETTER INFORMAT	ION	
*Select the title of the newsletter you have read	□ Report on Medicare Compliance	Report on Research Compliance
and complete the following:	□ Report on Patient Privacy	□ Report on Supply Chain Compliance
(Note: You may submit a ma:	ximum of ten issues of the <u>same nev</u>	vsletter per submission form.)
Issue Volume	Issue Number	Date Listened
Issue Volume	Issue Number	Date Listened
Issue Volume	Issue Number	Date Listened
		Date Listened
Issue Volume	Issue Number	Date Listened
İssue Volume	Issue Number	Date Listened
Issue Volume	Issue Number	Date Listened
Issue Volume	Issue Number	Date Listened
Issue Volume	Issue Number	Date Listened
Issue Volume	Issue Number	
		Date Listened
Issue Volume	Issue Number	Date Listened

ACKNOWLEDGEMENTS

By signing below, I attest that all information included on this submission form is true and accurate. All continuing education submissions are subject to audit. Intentional or willful non-compliance with continuing education requirements may be considered grounds for revocation of certification in accordance with CCB policy.