

American Board of Quality Assurance & Utilization Review Physicians, Inc. CE Renewal Application for Non-ABQAURP Sponsored Programs

Policy: To uphold ABQAURP's professional standards and maintain active status, Diplomates must meet all renewal requirements as determined by the Board of Directors. Under this policy, Diplomates are required to continue their professional education in the field of Health Care Quality Management (HCQM) and Patient Safety through participation in an approved program for continuing education. It is essential for each Diplomate to complete a minimum of 8 CME / 8 CEU credit hours of applicable continuing education per 2-year renewal cycle. Additionally, through the continued support by means of annual fees, Diplomates help support the research and development of educational programs and to maintain the integrity of the certification examination.

Diplomates who would like to utilize CE credits received from an accredited provider other than ABQAURP, must complete and return this form with the required documentation and fees. All hours submitted must have been completed during the Diplomate's current 2-year renewal cycle. The application and the \$125 fee must be submitted by 12/31 of the second year of the Diplomate's current 2-year renewal cycle. Applications submitted after the 12/31 deadline must include a late fee of \$50, for a total of \$175.00. All fees are non-refundable. It is **not** necessary to track the CE credits received from ABQAURP.

Please type or print **Member ID#** _____ **Renewal period:** **January 1,** _____ **– December 31,** _____

Name: _____

Company Name / Job Title: _____

Company Address: _____

Work Telephone: () _____

Home Address: _____

Home Telephone: () _____

Email: _____

Summarize each CE activity completed. Attach copies of the CE certificates received, along with a copy of the course objectives/outline for each program. These activities must be relevant to the content areas of the HCQM certification exam including: Quality Assurance/Management; Utilization Review; Insurance & Managed Care; Workers' Compensation; Clinical Resource Management; Credentialing & Privileging; Risk Management; Prevention of Medical Errors; Case Management and Regulatory Environment.

Date	Program Title	Accredited Provider	Location	Credits Awarded
Total Credits Submitted				

I hereby affirm that I participated in the CE activities summarized above for the actual number of credit hours stated. I understand that I may only receive renewal credit for courses that ABQAURP deems appropriate (relevant to the field of HCQM).

Signature: _____ Date: _____

Payment \$ _____ Check /MO # _____ Credit Card # _____ Exp. Date _____
 VISA MC AMEX

Please return the completed form with appropriate documentation and payment to: ABQAURP, 6640 Congress St., New Port Richey, FL 34653, or by Facsimile: 727-569-0195. For questions regarding this application please call 800-998-6030.

For ABQAURP Use Only: Total Hours Accepted: _____ Processed By: _____ Date: _____