CODERS CREDENTIAL REPORTING FORM

Facility Name	
HAAD License No:	

Audit Year	
Audit Representative Name	

Instructions :
Please fill the form with details of all the coders in your facility as mentioned below. Please insert additional rows if required.

Sl. No.	Name of Coder	Certification	Valid thru	Membership ID	Date of Expiry	Last CEU Submission Date	Total/ Earned CEUs

Affidavit: Each coder of this facility hereby verifies the truth of the entries on this Continuing Education Report Form. We affirm that coders have participated in continuing education activities and that the number of CEUs reported is correct. We will be able to supply supporting documentation verifying participation and summarizing content for the CEUs reported.

Date: ……..

Signature of Audit Representative/Compliance Officer : ……..