



Continuing Education Tracking Form
Scottsdale Institute
Fall 2009 Forum
September 24-25, 2009
Fort Worth, Texas

Below are all sessions that qualify for HIMSS continuing education contact hours towards renewal of the CPHIMS credential. Check the "Attended" box for all sessions attended and total the number of contact hours earned each day. At the end of the form, total the number of contact hours earned for the entire conference. **Do not send this form to HIMSS. Retain this form for your records.** You will need to provide a copy of this form when renewing your certification.

Thursday, September 24, 2009

Time	Session Title	Contact Hours	Attended (✓)
8:00 – 8:30	Keynote Address: Building Intelligence in the Healthcare Industry	0.6	
8:30 – 9:30	Healthcare Reform: Policy Update & Anticipated Next Steps	1.2	
10:00 – 11:00	The Federal HealthCare Information Technology Strategy: Information Technology for the Foundation of the Federal Government's Efforts to Transform Healthcare	1.2	
11:00 – 12:00	Case Study: Observations & Lessons Learned from the Partners HealthCare Quality Data Warehouse/Report Central Project	1.2	
12:00 – 1:30	Sustaining Healthcare Reform: A Culture of Integration, Innovation & Transformation	1.8	
1:30 – 2:30	Case Study: Optimizing Cardiovascular Care at Geisinger Health System	1.2	
3:00 – 4:00	Case Study: Empowering Practitioners for Data-Driven Care Improvement & Cost Containment with a Clinical Looking Glass at Montefiore Medical Center	1.2	
4:00 – 5:00	Case Study: Eliminating Hospital Acquired Infections at Memorial Hermann Healthcare System	1.2	

Total Number of Contact Hours Earned for Thursday (max. = 9.6) _____

Friday, September 25, 2009

Time	Session Title	Contact Hours	Attended (✓)
8:30 – 9:30	Welcome & Overview	1.2	
9:30 – 11:30	Texas Health Harris Methodist Hospital Fort Worth Tours	2.4	
11:30 – 12:00	Tour Recap & Q&A	0.6	

Total Number of Contact Hours Earned for Friday (max. = 4.2) _____

Total Number of Contact Hours Earned for Forum (max. = 13.8) _____

I certify that I have attended all the sessions indicated above in their entirety.

Printed Name

CPHIMS Certificate Number

Signature

Date