



**Continuing Education Tracking Form  
HIMSS Activities**

To track your contact hours, simply list the date you attended an activity, the activity title and the number of contact hours. **Retain this form for your records as evidence of your participation.** You will need to provide a copy of this form when renewing your CPHIMS.

Date of Participation	Activity	Contact Hours

**Total Number of Contact Hours Earned** \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
CPHIMS Certificate Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date