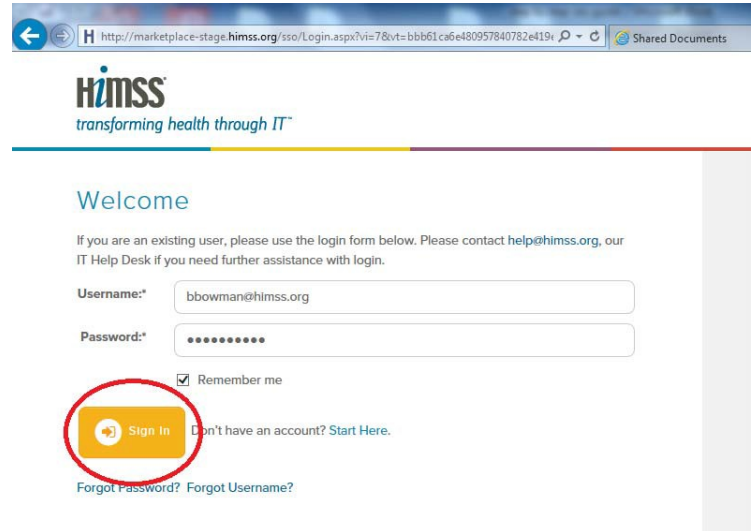
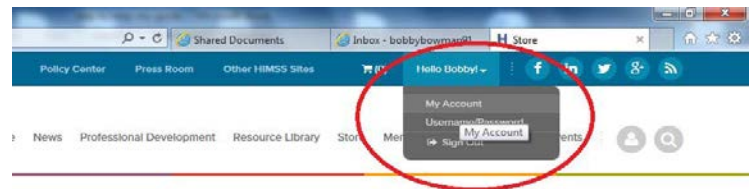


Step-by-Step Guide to Managing Online Continuing Education Units

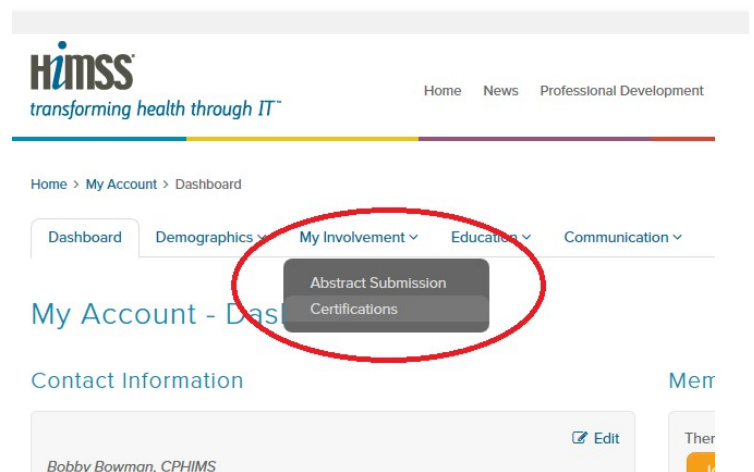
1. Go to HIMSS Website: [here](#) and sign in



2. Go to "My Account" by hovering your mouse over "Hello [Your Name]"



3. Go to "My Involvement" then "Certifications"



4. Go to "Edit"

My Certifications

 [Print Certificate](#)

Certificate Name: CPHIMS Recertification
 Certificate Date: February 1, 2016
 Expiration Date: February 28, 2019
 Certificate Number:

Recertification CE Hours:

HIMSS:	0
Others:	0
Total:	0

[Edit](#)

5. Add New Transcripts (Continuing Education Units)

Transcripts (CPHIMS Certification) of Bobby Bowman

Filter your transcripts

HIMSS (min. of 25 hrs.):	4.00
Others :	0.00
Total Credits:	4.00

[Add New Transcript](#) [Print](#)

Credit Date	Program Title	Activity Type	# of Credits
12/09/2015	Free Form	Category 2 - Academic Credits	4.00

6. Fill out the Pop-Up Box & Save (Any courses from HIMSS or HIMSS Approved Education Providers are classified as HIMSS, except COACH, which has its own category for CPHIMS-CA credential holders only)

Add New Transcript

** Required*

CE hours can only be entered daily. If your program lasts multiple days, please record your CEUs each day to ensure proper credit.

* Credit Date:

* Program Title:

* Activity Type:

* Educational Provider: HIMSS HIMSS Chapter
 COACH Non-HIMSS


* # of Credits:

By submitting this claim I attest that the information I have provided is correct. I understand that any misrepresentation or incorrect information provided may result in disciplinary action, including the suspension or revocation of my certificate/credential.

[Save](#) [Cancel](#)

Submission Period: Jun 30, 2018 - Mar 31, 2019

7. You may also “Edit” or “Remove” existing Transcripts (Continuing Education Units)





Credit Type	Edit/Remove
HIMSS approved	 
HIMSS approved	 

8. When you have met the requirements, you must then click “Submit your Transcripts” (Continuing Education Units)

While you can add/manage your transcripts any time during the certification period, the 'Submission Period' is the time when you can submit and apply for recertification.

Submit Transcripts

Submission Period: Jun 30, 2018 - Mar 31, 2019

	# of Credits	Credit Type	Edit/Remove
ademic Credits	4.00	HIMSS approved	 
ademic Credits	3.00	HIMSS approved	 

9. Authenticate and Attest

By submitting this claim I attest that the information I have provided is correct. I understand that any misrepresentation or incorrect information provided may result in disciplinary action, including the suspension or revocation of my certificate/credential.

Yes No

10. Click to Pay

Well done! You have earned enough CEUs to get yourself recer

Please pay the required recertification fee. [Click here to pay.](#)

Filter your transcripts

11. Enter your Address

Add New Address

Address Type: Work

Company Name:* Healthcare IT Rocks!

City: Dosville

State:* Arizona

Country:* United States

Find Company

Save Address
Cancel

12. Enter Payment Info and Complete Order

Payment Information

Credit Card E-Check

* Indicates a required field.

Credit Card Type:*

- American Express
- Discover
- Master Card
- Visa

Credit Card Number:* 4111111111111111

Security Code:* 245
What's this?

Name on Card:* John Doe

Expiration Date:*
 Month: February
Year: 2020

Save this Credit Card Information?
If you already have a saved credit card, this will replace it.

Item Summary

Item	Quantity	Unit Price	Total
CPHIMS Recertification fee	1	\$175.00 USD	\$175.00 USD

I have read, understand the terms and conditions of this purchase

Previous
Complete Order

13. Review Order Confirmation

Summary of Order #: 1201565169

✔ Paid on 02/01/16 with Visa ending in 1111 for \$175.00 USD

Billing Address:

John Doe, CPHIMS
33 West Monroe, Suite 1700
Chicago, IL 60603-5616