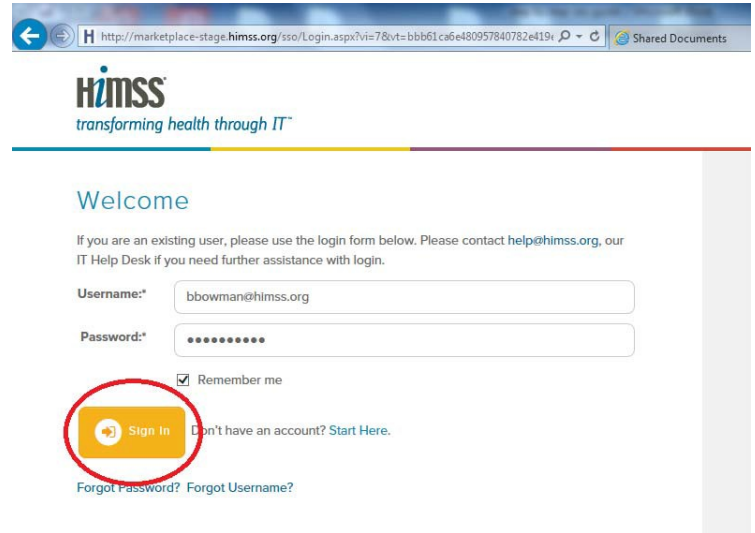
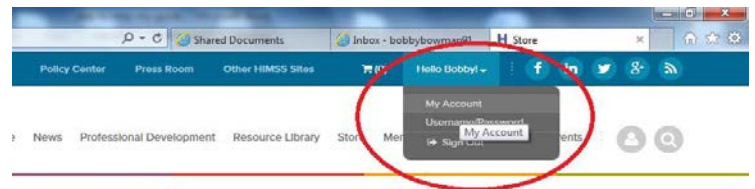


## Step-by-Step Guide to Managing Online Continuing Education Units

1. Go to HIMSS Website: [here](http://www.himss.org) and sign in

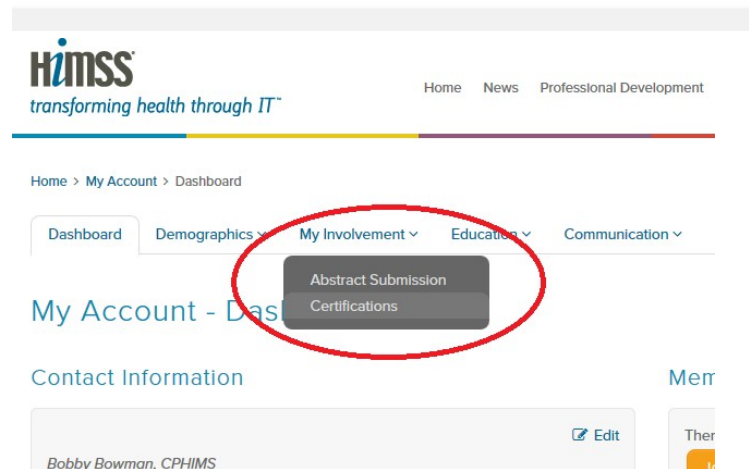


2. Go to "My Account" by hovering your mouse over "Hello [Your Name]"



the most cutting-edge healthcare technology industry topics—at your fingertips? Browse our selection of books—delivered to your door or inbox! Become a HIMSS member and save 25% on purchases and receive FREE shipping.

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
<b>Total:</b>	<b>0</b>

[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
<b>Total Credits:</b>	<b>4.00</b>

[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
idemic Credits	4.00	HIMSS approved	 
idemic 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