

HEALTH ETHICS TRUST  
PRESENTS:

**COMPLIANCE  
PROGRAM  
ASSESSORS  
WEBINAR  
COURSE  
2020**

**WHERE COMPLIANCE LEADERS MEET TO  
EXCHANGE IDEAS & INFORMATION.**

*THE ESTABLISHED PEER REVIEW PROCESS-  
SINCE 1995*

**OCTOBER 21, 2020 | 9 AM**

**[WWW.BESTCOMPLIANCEPRACTICE.COM](http://WWW.BESTCOMPLIANCEPRACTICE.COM)**

# PROGRAM DETAILS



This is the Health Ethics Trust's complete course on Compliance Program Assessment. This is a day long, highly intensive course that completes all courses required for an individual to participate as a reviewer in our peer compliance program assessment practice.

Individuals who by experience, background and successful completion of this course are qualified to serve as reviewers in Trust's *Compliance Program Certification process*. This course also provides the tools necessary to conduct a sound in-house compliance program assessment.

This program is built on the Trust's decades of experience in conducting *compliance program assessment* for healthcare organizations of all types and sizes. These assessments have been conducted on behalf of internal (board, management, compliance program) and external (law firm, court, enforcement) audiences.

All aspects of program are covered including the proprietary assessment scoring methodology used by our services organization: *Compliance Resource Group, Inc.*

# TOPICS & FORMAT

This program is delivered in an interactive format with several group exercises accompanied by staff and guest presentations.



- *Board and Management Support*
- *Documentation Review*
- *Program vs. Risk Assessments*
- *Conducting Site Reviews*
- *Designing an Assessment Process*
- *Ratings/Scoring*
- *Availability of Comparisons/Benchmarks*
- *Writing the Assessment Report*
- *Assigning Acuities*

## CEU's

This course counts (8 points) towards the Health Ethics Trust's *Certified Compliance Professional (CCP)*, *Certified Compliance Executive (CCE)* and *Re-Certification* credentials.

# HEALTH ETHICS TRUST

## ASSESSORS PROGRAM WEBINAR COURSE 2020 REGISTRATION

October 21, 2020  
9:00AM

### ASSESSORS PROGRAM TUITION

Members: \$895     Non-Members: \$1,095     Govt / Academic: \$795

Enroll by October 1, 2020 and receive \$100 off the applicable tuition. Use discount code EARLYBIRDASSESS100 for online enrollment.

### HET MEMBERSHIP

1 Year Individual Membership w/Tuition Payment: \$200 (\$100 savings)

1 Year Organizational Membership w/Tuition Payment: \$1,100 (\$200 savings)

Total \$ \_\_\_\_\_

### FOUR WAYS TO REGISTER

1. **ONLINE** at [www.HealthEthicsTrust.com](http://www.HealthEthicsTrust.com) in our store - safe, secure and encrypted.
2. **E-MAIL** your completed registration form to: [cfreeman@corporateethics.com](mailto:cfreeman@corporateethics.com) or [mpastin@corporateethics.com](mailto:mpastin@corporateethics.com)
3. **FAX** your completed registration form to HET at: 571-551-6080.
4. **MAIL** your completed registration form to: **Health Ethics Trust 1727 King St., Ste 300, Alexandria, VA 22314**

### CANCELLATION POLICY

Registration for Health Ethics Trust courses is an agreement to pay the applicable course tuition. Tuition for cancellations two weeks prior to program is refunded less an administrative fee to be determined. Tuition for cancellation after the deadline is not refundable, but a credit toward tuition for a future Trust program (tuition less the administrative fee; must be used within 12 months) will be issued in some cases. Those who cancel after the deadline must still pay the tuition that they agreed to pay by registering for the course even if they have not yet paid their tuition at the time of cancellation. Cancellation Policy is strictly enforced.

### REGISTRATION INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

### PAYMENT OPTIONS

Check

Credit Card Payment

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Name: \_\_\_\_\_

*If Billing Address is different, please place here.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_