THE 2021 WASHINGTON EXECUTIVE

A CERTIFICATION INTENSIVE COURSE

FOR HEALTHCARE COMPLIANCE EXECUTIVES

Annual Seminar and Roundtable for Compliance Executives

MAY 5-7 2021 • Alexandria, VA

THIS COURSE WILL BE A VIRTUAL PROGRAM



MEETS ALL EDUCATIONAL REQUIREMENTS FOR THE CERTIFIED COMPLIANCE PROFESSIONAL (CCP) AND CERTIFIED COMPLIANCE EXECUTIVE (CCE) CREDENTIALS



THE WASHINGTON EXECUTIVE COURSE May 5-7, 2021 • Alexandria, VA

OVERVIEW:

The Washington Executive Course is offered to experienced compliance overseeing organizations, business units (hospital, health plan, region) or business lines (behavioral health, home care, hospice, commercial health plan, government health plan).

The Washington Course combines the best features of an interactive seminar with the content of an intensive course. You will be around the table with other experienced compliance professionals, while also getting the content of one of the Trust's Certification Intensive Courses, which are comprehensive of compliance program practices and trends.

WHO SHOULD ATTEND:

The Washington Course is intended primarily for those who have achieved a basic level of compliance knowledge. Additionally, healthcare executives from other functions (such as HR, Audit, or IT) are welcome to attend. Board members can attend at no charge when accompanied by their CO.

CONTENT:

In addition to core topics of interest to CCOs, there will be emphasis on:

- Advanced Investigative Methods
- Conflict of Interest Management
- Stark /AKS
- Governance Issues

- Improving Internal Reporting
- Program and Risk Assessments
- Measuring Program Effectiveness
- Board Oversight

FACULTY:

Lynn Barrett, Barrett Health Law Megan Engel, Reed Smith Andrew Grosso, Andrew Grosso and Associates John Kelly, Bass Berry and Sims Rebekah Latchis, Medtronic Kirk Ogrosky, Arnold and Porter Mark Pastin, Health Ethics Trust Myla Reizen, K&L Gates Emily Wein, Foley and Lardner Wendy Wright, McGuire Woods

CERTIFICATION & CONTINUING EDUCATION:

Those who complete the Washington Course satisfy all educational requirements to obtain or renew the *Certified Compliance Executive* (CCE) credential, the highest level credential in healthcare. Individuals may also attend to obtain or renew the *Certified Compliance Professional* (CCP)



*The live CCB CEU's for HCCA Certifications are 28.8.

Enroll today and enjoy a Vendor-free learning environment as per Health Ethics Trust standard practice.

WASHINGTON EXECUTIVE COURSE REGISTRATION PAGE

THIS COURSE WILL BE AVIRTUAL PROGRAM



TUITION

□ Members: \$1,295 □ Non-Members: \$1,595 □ Govt / Academic: \$1,095 Enroll by April 16, 2021 and receive \$100 off the applicable tuition. Use discount code EARLYBIRDWEC100 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 in our store safe, secure and encrypted.
- 2. E-MAIL your completed registration form to: cfreeman@corporateethics.com or 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:	PAYMENT OPTIONS Check
Title:	Credit Card Payment
Organization:	Credit Card #:
Address:	Exp. Date:CSC:
City:State:Zip:	Cardholder Signature:
Tel: () Fax: ()	Name:
E-mail:	If Billing Address is different, please place here. Address:
Signature:	City:State:Zip: