ONLINE COURSE | Hosted by Health Ethics Trust



Compliance Program Assessors Course

April 24, 2025



Online Course · April 24, 2025

Topics and 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 Assessment
- Conducting Site Reviews
- Designing the Assessment Process
- Ratings/Scoring
- Comparisons/Benchmarks
- Writing the Assessment Report
- Assigning Acuities

CEU's

This course counts (8 CEUs) towards the Health Ethics Trust's

Certified Compliance Professional (CCP), Certified Compliance Executive (CCE)

and Re-Certification credentials.

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Three Ways to Register:

- 1. **ONLINE** at www.HealthEthicsTrust.com safe, secure and encrypted.
- 2. E-MAIL your completed registration form to: info@corporateethics.com
- 3. MAIL your completed registration form to: Health Ethics Trust, 7205 Regent Drive, Alexandria, VA 22307

| Tuition ☐ HET Members: \$995 ☐ Non-Members: \$1,195 ☐ | VA/Academic: \$895 | |
|--|---|--|
| Enroll by March 26 2023 and receive \$100 off the applicable tuition. Use a | • | |
| Membership | | |
| ☐ 1 Year Individual Membership w/Tuition Payment: 5 | \$200 (\$100 savings) | |
| ☐ 1 Year Organizational Membership w/Tuition Payme | ent: \$1,100 (\$200 savings). | TOTAL |
| Course Location This is a virtual course. | | |
| Cancellation Policy The Trust is committed to offering the highest level of compliance ed is an agreement to pay the applicable course tuition. Tuition for car \$200. Tuition for cancellation after the deadline is not refundate administrative fee; must be used within 12 months) will be issued in they agreed to pay by registering for the course even if they have no | ncellations two weeks before the course is ble, but a credit toward tuition for a fu n some cases. Those who cancel after the c | refunded less an administrative fee of ture HET program (tuition less the deadline must still pay the tuition that |
| Registrant Information: | Payment Options: | |
| N | Check/Money Order | Total: |
| Name | Credit Card Payment | |
| Title | — Credit Card # | |
| Organization | | |
| Address | Cardholder Signature | |
| City State Zip | If Billing Address is different, please place here. | |
| Tel (| Address | |
| Email | City | State Billing Zip |