

ONLINE COURSE | Health Ethics Trust



Compliance Program Assessors Course

September 17, 2026



HEALTH ETHICS TRUST
EXCELLENCE IN HEALTHCARE COMPLIANCE SINCE 1995

Health Ethics Trust | 7205 Regent Drive | Alexandria, VA 22307

Topics and Format

This is an interactive course with group exercises accompanied by staff and faculty presentations.

- Board and Management Support
- Program vs. Risk Assessment
- Documentation Review
- Conducting Interviews
- Planning the Assessment Process
- Ratings/Scoring
- Benchmarking
- The Assessment Report
- Assigning Acuties

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: \$1,095 ☐ Non-Members: \$1,195 ☐ VA/Academic: \$995

Membership

- ☐ 1 Year Individual Membership w/Tuition Payment: \$200 (\$100 savings)
- ☐ 1 Year Organizational Membership w/Tuition Payment: \$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 education at the lowest feasible price. Registration for Health Ethics Trust courses is an agreement to pay the applicable course tuition. Tuition for cancellations two weeks before the course is refunded less an administrative fee of \$300. Tuition for cancellation after the deadline is not refundable, but a credit toward tuition for a future HET 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.

Registrant Information:

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Tel (____) ____-____ Fax (____) ____-____

Payment Options:

Total: _____

Check/Money Order ☐

Credit Card Payment ☐

Credit Card # _____

Exp. Date ____/____ Security Code _____

Cardholder Signature _____

If Billing Address is different, please place here.

Address _____

City _____ State _____ Billing Zip _____