



HFMA

HEALTHCARE
FINANCIAL
MANAGEMENT
ASSOCIATION

Maryland Chapter

Healthcare Industry Outlook and Regulatory Update

Friday, August 8, 2008

Sheppard Pratt Conference Center

Towson, MD

CONTINUING PROFESSIONAL EDUCATION CREDIT FORM

Participants Name _____

Firm/Affiliation _____

Address _____

City, State, Zip _____

Social Security # _____ CPA Certificate # _____

Please Circle
Minutes Attended

HFMA Educational Program Outlook 15

Discussion of IT Risks in Healthcare 60

Tax Exempt Bonds – New IRS Enforcement Initiatives 60

The New IRS Form 990 60

Discussion of Employee Benefits in Maryland Hospitals 60

TOTAL MINUTES ATTENDED _____

TOTAL CPE CREDITS (Minutes attended divided by 50) _____

CERTIFICATION: I hereby certify that I attended the sessions circled above.

SIGNED: _____

Instructions: At the conclusion of the conference, complete two copies of this form. Maintain one for your records and return one to session coordinator(s).