

Compliance Institute



Alabama Primary Health Care Association

8244 Old Federal Road, Montgomery, AL

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www.alphca.com

Corporate compliance is perhaps the most significant component to effective health center management and to ensuring continued access to critical primary care and prevention services for hundreds of thousands of Alabama residents. The **Compliance Institute** is designed specifically for health centers and will strengthen compliance infrastructure, policies, and processes necessary for adherence to federal and state law, regulations, and related program requirements. At the completion of the Institute, participants will have a comprehensive understanding of compliance program requirements and how to implement, operate, and integrate corporate compliance, and quality efforts across the organization.

The Compliance Institute will be led by APHCA CEO, Mary Hayes Finch through an interactive, cumulative approach and address the most relevant and prevailing risks for health centers. The Program fee includes four training sessions and lunch, policy, and resource materials. Training sessions will be held at the APHCA Training Center, Montgomery, AL. Participation is limited to the first 50 registrants.

Compliance Institute Registration Fees

APHCA Members

\$400 for the first participant

\$250 for each additional participant

Non-Members

\$750 for the first participant

\$450 for each additional participant

Institute Schedule		
Part 1, OIG Standards and Requirements	March 7, 2019	9:30 am - 4:00 pm
Part 2, Health Center Requirements	April 18, 2019	9:30 am - 4:00 pm
Part 3, Regulatory Compliance	July 9, 2019	9:30 am - 4:00 pm
Part 4, Integrating Compliance & Quality	November 20, 2019	9:30 am - 4:00 pm

For more information, contact Marcia Daniel, mdaniel@alphca.com.

2019 REGISTRATION FORM

Company Name: _____

Contact Name: _____

Address: _____ Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Company Description: _____

AVAILABLE SELECTIONS:

Compliance Institute:

APHCA Member

\$400 for 1st participant

\$250 for each additional

Non-Member

\$750 for 1st participant

\$450 for each additional

PAYMENT:

Invoice

Check enclosed in the amount of \$_____ (Payable to APHCA - APHCA's Tax Id #63-0908204)

Please charge my: Mastercard Visa Discover AM/EX

*all credit card charges are subject to a 3.75% transaction fee

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Your signature constitutes an agreement to pay the amount indicated and acknowledged that registration fees are non-refundable and are due 10 days after registration.

To submit form, email completed version to mdaniel@alphca.com