



**Certification in Denial and Appeals Management  
Continuing Education Form**

Date \_\_\_\_\_

DocuComp LLC ID Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_ Company \_\_\_\_\_

Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

***CEUs for Submission***

Program Date	Program Title	Sponsoring Organization	CEU Hours

**Please mail this form and copies of all documentation supporting recertification to:**  
DocuComp LLC, P.O. Box 10530, Jackson, MS 39289. Forms may also be faxed to 1-769-208-8613.

**Questions?** Feel free to contact DocuComp LLC with any questions at [kstokes@DocuCompLLC.com](mailto:kstokes@DocuCompLLC.com) or 740-968-0472. **The recertification fee is \$125.00.**

I paid the recertification fee online.