



AN ASSOCIATION OF
MONTANA HEALTH
CARE PROVIDERS

ATTENDANCE VERIFICATION *and* CERTIFICATE OF PARTICIPATION

Printed Participant Name: _____

Participant Signature: _____

This certifies that the above named individual has successfully completed a

ONE AND THREE QUARTERS (1.75) HOUR

webinar workshop entitled:

2012-13 ICD-10-CM SERIES: INJURY, POISONING & CERTAIN OTHER
CONSEQUENCES OF EXTERNAL CAUSES

on June 28, 2013

sponsored by the Florida Hospital Association and

MHA...an Association of Montana Health Care Providers.

Shawna Clark

Education & Conferences

MHA...an Association of Montana Health Care Providers

Keep this certificate for your records. No additional verification of attendance will be provided by MHA. Do NOT send a copy to MHA.

For additional information regarding this workshop, contact:

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