

# PROFESSIONAL ASSOCIATION OF HEALTH CARE OFFICE MANAGEMENT

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*(attendee name)*

attended the **HHS** education program entitled

**HICP 2023, Hospital Resiliency Landscape Analysis,  
and Knowledge on Demand**

presented on **05/04/2023**

and is hereby awarded **ONE and a Half (1.5)** Continuing Education Unit (CEU).



**CMM**  
Certified Medical Manager



**HITCM-PP**  
HIT Certified Manager *Physician Practice*