

# Continuing Education for Medical Office Professionals

Brought to you by



**May 11, 12, 18 & 19**

**Certified Medical  
Office Manager (CMOM)<sup>®</sup>**

9:00 am to 4:00 pm  
Program # 22298-0511

**CEUs: 20**

The Certified Medical Office Manager (CMOM)<sup>®</sup> program is approved for up to 20 CEUs for PMI Certified Professionals (CMC/CMIS/CMCO). All others seeking CEUs should verify credit guidelines with their organization prior to enrollment.

### Where:

Monroe County Medical Society  
The Park at Allens Creek  
132 Allens Creek Rd.  
Rochester, NY 14618

### Fee:

\$999 per person  
Includes instructional materials,  
breaks and lunch

### Register:

Online: [www.pmimd.com](http://www.pmimd.com)

Fax: (585) 473-7641

Mail: Monroe County Medical Society  
132 Allens Creek Road  
Rochester, NY 14618

Questions: Ronaee King  
585-473-7573  
[rking@mcms.org](mailto:rking@mcms.org)



## Certified Medical Office Manager (CMOM)<sup>®</sup>

Certified Medical Office Managers motivate employees, protect the practice from risk and help stimulate financial growth.

Whether you are currently running a practice or want to acquire the skills to become a practice leader, this program will expand your knowledge with detailed modules.

Build confidence, managerial skills and compliance knowledge as well as revenue and cost accounting principles to protect the practice's bottom line. Current and aspiring managers will learn office management best practices, protocols and current guidelines so that providers can focus on practicing medicine. This class includes newly updated guidelines for personnel management, HIPAA, OSHA, along with Department of Labor Laws that your office needs to stay compliant.

### 5 Areas of Focus:

- Practice Administration
- Employee Relations
- Financial Management
- Managed Care Delivery System
- Medical Office Compliance

[Review full curriculum at pmiMD.com/cmom](http://pmiMD.com/cmom)

**Registration Form** Keep a copy for your records. List additional registrants on duplicate forms.

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

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

Practice Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Alternate Phone Number for After Hours Contact: \_\_\_\_\_

E-mail address: \_\_\_\_\_

PMI-Certified ID#: \_\_\_\_\_

Check form of payment:  Credit card  Check (payable to Monroe County Medical Society)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

\* Registration Discounts: PMI certified professionals with active an ID# receive 10% off their registration fee.