

EXAMINATION REGISTRATION FORM

1. CREDENTIAL EXAMINATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Home Care Coding Specialist Diagnosis \$299* | <input type="checkbox"/> AHCC Membership Price \$259 for HCS-D | <input type="checkbox"/> ICD-9 Basics Competency \$129 |
| <input type="checkbox"/> HCS-D Recertification Candidate \$189* | | |
| <input type="checkbox"/> Certified Compliance Professional Physician \$259 | <input type="checkbox"/> CCP-P Recertification \$149 | |
| <input type="checkbox"/> Home Care Clinical Specialist - OASIS-C \$299* | <input type="checkbox"/> AHCC Membership Price \$259 for HCS-O | <input type="checkbox"/> HCS-O Recertification \$189* |
| <input type="checkbox"/> Specialty Coding Professional (SCP) \$259 <small>(Select specialty below)</small> | <input type="checkbox"/> SCP Recertification \$149 <small>(Select specialty below)</small> | |
| <input type="checkbox"/> Advanced Coding Specialist (ACS) \$325 <small>(Select specialty below)</small> | <input type="checkbox"/> ACS Recertification \$229 <small>(Select specialty below)</small> | |

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Obstetrics/Gynecology |
| <input type="checkbox"/> Evaluation & Management Auditing (ACS only) | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Family Practice/Pediatrics | <input type="checkbox"/> Radiology | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Urology |

*Includes membership fees for the Association of Home Care & Compliance

2. TESTING METHOD

- Onsite** ▶ Check the BMSC website for an updated list of exam opportunities and locations at www.medicalspecialtycoding.com and indicate below ▼
- Online** ▶ Must also include Proctor Nomination form

| City | State | Date | Conference Name |
|------|-------|------|-----------------|
| | | | |

3. CANDIDATE INFORMATION (Please print or type)

Company Address: Check here if you would like your exam results sent to your company address.

Name: _____
(as you would like it to appear on your certificate)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Email: _____

Personal Information: Check here if you would like your exam results sent to your personal address.

Name: _____
(as you would like it to appear on your certificate)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Email: _____

4. PAYMENT INFORMATION

- Check enclosed** [Registrar, BMSC (TIN 522205881)
Please mail and fax Registration and PNF forms with check.]

- Charge my**   

Card #: _____

Expiration Date: _____

Signature: _____

Note: You will receive an email confirmation once your payment is processed.



Board of Medical Specialty Coding & Compliance

Two Washingtonian Center
9737 Washingtonian Blvd., Ste 100
Gaithersburg, MD 20878-7364

Fax: 1-301-287-2535

Phone: 1-800-897-4509

Individual Proctoring Protocol (IPP) Process Overview

In order to preserve the integrity of the examination process, credential candidates who choose to take their qualifying examination at their office must first agree to comply with the Board of Medical Specialty Coding's Individual Proctoring Protocol (IPP).

*Please Note: if you choose to register for an exam at any conference, you do not need to fax a proctor nomination form to BMSC before the conference. Your examination will be proctored onsite, so there is no need to nominate a proctor.

Candidates must nominate a qualified individual proctor and complete and return the Proctor Nomination Form with the registration form to the Board for approval. BMSC will then forward instructions to administer the qualifying examination for the relevant credential to the approved proctor.

A qualified proctor should be an impartial test administrator. Examples of qualified proctors include colleagues, supervisors, clergy and other impartial individuals. An unacceptable proctor would be BMSC certified, anyone related to the candidate through marriage or blood, an employee of the candidate or someone who is compensated for proctoring duties.

For Examinations Taken Online:

The proctor will:

1. Receive the UserID and Password for the candidate to use for the examination via email. This email will also include links to appropriate forms (proctor instructions and supporting documents) for candidates to use during the exam. Candidate will have 30 days from the time the proctor receives the login instructions to take the exam.
2. Schedule a time and place for candidate to sit for the examination.
3. Administer the examination according to instructions provided by BMSC.
4. Keep exam content confidential and not duplicate in any way.

As a credential candidate, you and the proctor must agree to abide by the requirements of the Individual Proctoring Protocol, and you understand that failure to comply with these requirements may result in your disqualification.

Questions or concerns about the IPP should be directed to:

Mail or Fax completed form to:

Board of Medical Specialty Coding (Attn: Registrar)
Two Washingtonian Center 9737 Washingtonian Blvd., Ste 100
Gaithersburg, MD 20878-7364

Fax: 1-301-287-2535

Phone: 1-800-897-4509

PROCTOR NOMINATION FORM

I, _____, a candidate for:

ICD-9 Basics Competency

Home Care Coding Specialist Diagnosis

Home Care Clinical Specialist - Oasis (HCS-0)

Certified Compliance Professional Physician

Specialty Coding Professional (SCP) _____
(Specialty)

Advanced Coding Specialist (ACS) _____
(Specialty)

HCS-D Recertification

HCS-0 Recertification

CCP-P Recertification

SCP Recertification _____
(Specialty)

ACS Recertification _____
(Specialty)

hereby nominate the following individual to serve as proctor for my qualification examination, which I will take online:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

Email: _____

Relationship of proctor to Candidate: _____

I hereby certify that the proctor I have nominated:

- Is NOT a relative by blood or marriage
- Is NOT a direct or indirect employee of the candidate
- Is NOT compensated in any way for fulfilling the duties of proctor

I hereby certify that the proctor I have nominated is aware of my request and has agreed to adhere to the testing protocol as outlined in the Individual Proctoring Protocol Process Overview.

Candidate Signature _____ Date _____

Candidate Phone: _____ Candidate Email _____

FAX OR MAIL TO:

Board of Medical Specialty Coding & Compliance

Two Washingtonian Center
9737 Washingtonian Blvd., Ste 100
Gaithersburg, MD 20878-7364

Fax: 1-301-287-2535

Phone: 1-800-897-4509