



Board of Medical Specialty Coding
EXAMINATION REGISTRATION FORM

1. Select Exam

Home Care Specialist- Diagnosis (HCS-D) Examination

- Retail Price \$259, Retail Recertification Price \$149, AHCC Membership Price \$239*, AHCC Recertification Membership Price \$129*

* Please provide membership ID# for AHCC discount

Want to join the Association of Home Care Coders (AHCC)? Visit www.homecarecoders.org

ICD-9-CM Basics Competency for Home Health Examination

- Retail Price \$129 This exam is available only online

2. TESTING METHOD

Online - in my office or other location. (Please complete proctor nomination form)

Conference Check the BMSC website for an updated list of exam opportunities and locations at www.medicalspecialtycoding.com

Table with 4 columns: City, State, Date, Conference Name

3. CANDIDATE INFORMATION (PLEASE PRINT OR TYPE)

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

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

Organization:

Address: City: State: Zip:

Phone: Fax: Email:

Home Address: Please check here if you would like your exam results sent to your Home address.

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

Address: City: State: Zip:

Phone: Fax: Email: (You will receive exam status notifications and reminders via email)

4. PAYMENT INFORMATION

- Credit Card, VISA, MC, AMEX

Cardholder: Signature

Card #: Expiration

Check Payable to Registrar, BMSC (TIN 52-2205881) BMSC (Attn: Registrar), 9737 Washingtonian Blvd., Ste 100, Gaithersburg, MD 20878-7364



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.

Once the proctor nomination form is submitted to BMSC, please allow up to 7 days for processing, from then 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 log-in 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 301-287-2914
Phone 1800-897-4509



Proctor Nomination Form

I, _____, a candidate for:

- Homecare Coding Specialist – Diagnosis (HCS-D) HCS-D Recertification
- ICD-9-CM Competency Examination

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

▶ Required Fields (PLEASE PRINT OR TYPE)

▶ Name _____ Credentials _____
 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

(____) _____ ext. _____
 Candidate Phone Candidate Email

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 Fax: 301-287-2914 Phone: 1800-897-4509