



Kentucky Home Health Association (KHHA) EXAM REGISTRATION FORM

Register me for the **Home Care Coding Specialist - Diagnosis (HCS-D)** certification examination.

_____ I am a KHHA member. My registration fee is \$233.10.

_____ I am not a KHHA member. The standard registration fee is \$259.00.

CANDIDATE INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

PAYMENT INFORMATION

Credit Card VISA MC AMEX

Card #: _____ Expiration _____

Cardholder: _____ Signature _____

Check enclosed Payable to Registrar, BMSC (TIN 52-2205881)

Fax (301) 287-2535 ▪ **Call** (800) 897-4509 ▪ **Mail** BMSC, 9737 Washingtonian Blvd, Ste 100 Gaithersburg, MD 20878

***Please Note:** The HCS-D examination contains 50 questions, and you will be allowed 2 ½ hours to complete the examination. You will receive your examination results via USPS within 4 weeks of taking your examination. We recommend that those attendees who plan to take the HCS-D credential examination prepare for the test with self study in addition to this onsite training program. Please visit our website to learn more about the HCS-D certification.*

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 & Compliance's Individual Proctoring Protocol (IPP).

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. A unacceptable proctor would be 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.
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:

The Board of Medical Specialty Coding & Compliance (BMSC)

P.O. Box 9402, Gaithersburg, MD 20898-9402

info@medicalspecialtycoding.com

www.medicalspecialtycoding.com

Phone: 800/897-4509 Fax: 301/287-2535



Proctor Nomination Form

I, _____, a candidate for:

- Home Care Coding Specialist – Diagnosis (HCS-D) Certification Examination**
- Home Care Coding Specialist – Diagnosis (HCS-D) Recertification Examination**

hereby nominate the following individual to serve as proctor for my qualification examination, which I will take on paper at my work:

▶ 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

Mail or Fax completed form to:
 Board of Medical Specialty Coding & Compliance (Attn: Registrar)
 Two Washingtonian Center
 9737 Washingtonian Blvd., Ste 100
 Gaithersburg, MD 20878-7364
Fax: (301) 287-2535