



Home Care Association of New York State (HCANYS)

EXAM REGISTRATION FORM

HOME CARE CODING SPECIALIST (HCS-D)

Register me for the **2010** Home Care Coding Specialist - Diagnosis (HCS-D) certification examination March 12, 2010 Tarrytown, NY

_____ I am an HCANYS member. My registration fee is \$229.00

_____ I am not an HCANYS member. The standard registration fee is \$249.00

Register me for the **2010** Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on March 12, 2010 Tarrytown, NY (**Open to HCS-D credential holders due for recertification**)

_____ I am an HCANYS member. My registration fee is \$109.00

_____ I am not an HCANYS member. The standard registration fee is \$129.00

I want to take the **2010** HCS-D exam **ONLINE** at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at: www.medicalspecialtycoding.com.*

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) 287-2914 ▪ Call (800) 897-4509
 ▪ Mail BMSC, 9737 Washingtonian Blvd., Ste 100, Gaithersburg, MD 20878-7364