



Compliance Certification Board
Certified in Healthcare Compliance (CHC)
Renewal Application



To apply for the CHC certification renewal, please return this completed application with CEU attestations and appropriate fees to:

Fax: 952-988-0146

Mail:

HCCA

CCB-CHC Certification Renewal

Attn: CCB Staff

6500 Barrie Road, Suite 250

Minneapolis, MN 55435

In approximately four to six weeks, CCB will notify you of your application status. Applications received without payment will not be processed.

Section 1: General Information

Please provide all of the information indicated below.

Name _____
Last First Middle

Employing Organization _____

Title _____

Preferred Mailing Address _____

Phone _____ Fax _____

E-mail _____

HCCA Member # _____

Section 4: Fees

Please include all fees with application. CCB will accept checks or credit cards. Please make checks payable to HCCA. You may fax your application with credit card payment to 952-988-0146 if you prefer. Please indicate ATTN: Liz Hergert on your fax form. Applications received without payment will not be processed.

Indicate amount:

- HCCA Member \$100
 Non-member \$200

Indicate form of payment:

- Check
 Credit Card: Visa Mastercard American Express

Credit Card Number _____
Expiration Date _____
Cardholder's Name _____
Cardholder's Signature _____

Section 5: Verification

Please read the statement below and sign as indicated.

By signing below I verify that I have read and understand the information and policies included in the CHC Candidate Handbook. I further verify that all information included on this application and in the supporting documentation is true and correct. I acknowledge that if any of the information supplied is shown to be incorrect I may be subject to disqualification from the examination or revocation of certification in accordance with CCB policy. I authorize CCB to conduct a search of my criminal background (if any), including but not limited to Medicare and Medicaid sanction lists and databases.

Signature

Date

Section 6: Descriptive Information

This information is optional and will be used to help CCB evaluate its programs.

A. How long have you been in the healthcare compliance profession?

- 1 to under 3 years
- 3 to under 5 years
- 5 to under 10 years
- 10 years or more

B. What is your employing organization's annual revenue?

- Less than \$20 million
- \$20-\$49 million
- \$50-\$99 million
- \$100-\$249 million
- \$250-\$499 million
- \$500-\$999 million
- \$1-\$2 billion
- More than \$2 billion

C. Which best describes your job?

- Compliance Officer
- Financial/Accounting
- Administration
- Attorney (in-house counsel)
- Attorney (private practice)
- Billing/Coding
- Consultant
- Human Resources
- Other

D. How many employees are there where you work?

- Less than 5
- 5-9
- 10-24
- 25-49
- More than 50

E. Does your organization serve a rural, suburban or urban area?

- Rural
- Suburban
- Urban

F. Gender

- Male
- Female

G. Do you consider yourself:

- White
- Black
- Asian
- Hispanic
- American Indian
- Other

H. Do you belong to any of the following organizations?

- American Health Information Management Association (AHIMA)
- American Health Lawyers Association (AHLA)
- Medical Group Management Association (MGMA)
- Healthcare Financial Management Association (HFMA)
- Association of Healthcare Internal Auditors (AHIA)
- American Academy of Professional Coders (AAPC)
- Other _____