



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: Liz Hergert
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 2: Experience

Please indicate which of the three categories below describes your professional experience:

- Active Compliance Professional**
This category includes those candidates with a minimum of one year of full-time work experience in healthcare compliance in a healthcare setting or with a provider of services to the healthcare industry, with at least 50 percent of job duties dedicated to healthcare compliance, namely, those tasks reflected in the exam content outline.
- Allied Professional**
This category includes those candidates with a minimum of 1,500 hours of work experience in healthcare compliance, performing tasks reflected in the exam content outline, in a healthcare setting or with a provider of services to the healthcare industry, obtained over a period not to exceed two years.
- Student**
Students who complete the compliance coursework from a CCB-accredited university program.

Section 3: Continuing Education

Candidates for certification renewal must submit documentation in certificate form of forty (40) CCB-accredited continuing education credits received in the twenty-four-month period preceding the date of application.*

Please complete the table below, indicating the information requested for each CCB-accredited continuing education activity you are claiming to fulfill the continuing education requirement for certification as well as certificates of attendance. Please note that each certificant is responsible for maintaining their CEU record.

| Code | Title | Date | Credits |
|-------------------------|-------|------|---------|
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| Total Credits Submitted | | | |

All continuing education submissions are subject to audit. Intentional or willful misrepresentation of continuing education activities is considered grounds for disqualification from the examination or revocation of certification in accordance with CCB policy.

*If you do not have the required forty (40) continuing education credits, and do not anticipate being able to obtain them during the period before your certification expires, you may choose to re-certify by taking the certification examination again. This option requires twenty (20) continuing education credits in the twelve-month period preceding the date of your examination application. Follow the instructions in the CHC Candidate Handbook, and be certain to indicate the appropriate fees in Section 4 of the examination application.

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 _____