

SECTION 3 – CONTINUING EDUCATION

Please fill out the table below, indicating the program code, title, date and number of credits for each program, article, product or presentation you are submitting to fulfill the continuing education requirement for certification.

Candidates for certification must submit documentation of twenty (20) CCB continuing education credits received in the twelve-month period preceding the date of application.

- If attending the entire Academy/conference, 20 Continuing Education Units covering all ten content areas are fulfilled. Go to Section 4
- If not attending Academy/conference, please fill out Section 3.

At least two credits must be documented in each CCB Content Subject Area (see list below). Please refer to your certificates to determine subject matter addressed in each accredited activity.

- Application of Management Practices for the Compliance Professional
- Application of Personal and Business Ethics in Compliance
- Written Compliance Policies and Procedures
- Designation of Compliance Officers and Committees
- Compliance Training and Education
- Communication and Reporting Mechanisms in Compliance
- Enforcement of Compliance Standards and Discipline
- Auditing and Monitoring for Compliance
- Response to Compliance Violations and Corrective Actions
- HIPAA Privacy Implementation

Code	Title	Date	Credits
Total Credits Submitted			

All continuing education submissions are subject to audit. Intentional or willful non-compliance with CE requirements may be considered grounds for disqualification from the examination or revocation of certification.

SECTION 4 – FEES

Please include all fees with your application. Please note we are unable to accept personal checks. Please submit money order, cashier's check, or credit card information in the space provided. Checks may be made out to **Applied Measurement Professionals. AMP will charge a \$25 fee to candidates providing a declined credit card.**

- HCCA Member \$250 OR Non-member \$350
- Payment Form Cashier's Check Money Order Credit Card () Visa () Mastercard () Amex
- # _____ Exp. Date _____

No Refunds will be issued to candidates who need to cancel their exam. Candidates may re-schedule within 6 months of their original scheduled date as long as the continuing education units submitted for the exam requirements were obtained within 12 months of the new exam date. The re-scheduled exam will be covered by the original exam fee paid.

SECTION 5 – DESCRIPTIVE INFORMATION

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

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

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

B. How many employees are there where you work?

- Less than 5
- 5 – 9
- 10 – 24
- 25 – 49
- 50 +

C. What is your total annual company 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

D. Do you consider your firm to serve a/an rural, semi-rural, or urban area?

- Rural
- Semi-rural
- Urban

E. What best describes your job?

- Compliance Officer
- CFO
- CEO
- Attorney (In-house Counsel)
- Attorney (Private Practice)
- Billing
- Coding
- Human Resources
- Consultant
- Administration
- Other

F. 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)

G. Gender

- Male
- Female

H. Do you consider yourself...

- White/Caucasian
- American Indian
- Black/African American
- Asian
- Hispanic
- Other

SECTION 6 – CERTIFICATION

By signing below I attest that I have read and understand the material and policies included in the CCB Candidate Handbook. I further attest 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 prohibition from the examination and/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