



# Healthcare Compliance Certification Board

## Certified in Healthcare Compliance (CHC) Examination Application



**Become Certified in Healthcare Compliance at the**

**November Academy in Orlando, FL**

**On Friday, November 9, 2007, 9:00 a.m. – 11:00 a.m.**

### ***Special Paper-and-Pencil Administration***

**of the Certified in Healthcare Compliance (CHC) Examination**

*The deadline for receipt of applications is **September 28, 2007.***

To apply for the HCCB-CHC Examination, complete the information as required and mail this form with the examination fee to:

**Applied Measurement Professionals, Inc. ■ 18000 W. 105th Street ■ Olathe, KS 66061-7543**

**Voice: 888/519-9901 ■ 913/895-4600 ■ Fax: 913/895-4651 ■ E-mail: info@goAMP.com**

A candidate who fails to reschedule an examination within four business days of the scheduled testing session or who fails to report for an examination may reapply for examination by paying the rescheduling fee (see Candidate Handbook). The examination must be rescheduled within 90 days of the date of the originally scheduled testing session. A candidate who does not reschedule an examination within the 90-day period must reapply for the examination by submitting a new application and full examination fee.

**Please ensure all information provided is accurate to prevent delays in receiving information concerning the examination.**

### **SECTION 1 – PERSONAL INFORMATION**

Name \_\_\_\_\_  
 Last First Middle

DOB \_\_\_\_\_ HCCA Member # \_\_\_\_\_

Employing Organization \_\_\_\_\_

Title \_\_\_\_\_ Preferred Mailing Address:  Work  Home

Employer Address \_\_\_\_\_  
 \_\_\_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### **SECTION 2 – EXPERIENCE**

Please indicate which of the two criteria below you are meeting to fill the professional experience requirement for certification:

**Active Compliance Professional**  
 Have 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 Professionals**  
 Have 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.  
 If experience is with an employing organization or organizations other than your current employer listed above, please indicate their name and phone number here:  
 \_\_\_\_\_

**Student**

## 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) HCCB continuing education credits received in the twelve-month period preceding the date of application.

At least two credits must be documented in each HCCB 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.

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

## SECTION 5 – CERTIFICATION

By signing below I attest that I have read and understand the material and policies included in the HCCB 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 HCCB policy. I authorize HCCB 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 HCCB 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 the 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