



Compliance Certification Board

Certified in Healthcare Privacy Compliance (CHPC)

Examination Application



Become Certified in Healthcare Privacy Compliance at the 16th Annual Compliance Institute

On Wednesday, May 2, 2012 – 2:00 -4:00 PM

Special Paper-and-Pencil Administration of the Certified in Healthcare Privacy Compliance (CHPC) Examination

*The deadline for receipt of applications is **Wednesday, April 4th, 2012.***

If you have missed this deadline, please contact Joan Braun at 952-405-7935.

To apply for the CCB-CHPC Examination, complete the information as required and mail or fax this form with the examination fee payable 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
AMP will process your exam application within 10 business days.

Applications received without payment will not be processed within this time frame

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 # _____ Have you been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employing Organization _____		
Title _____		Preferred Mailing Address: <input type="checkbox"/> Work <input type="checkbox"/> 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, and/or healthcare privacy 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, and/or healthcare privacy compliance 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

Students who complete the compliance coursework from an CCB accredited university program.

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.

The 20 required CCB CEUs must include content from the following subject areas (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 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

G. Is your organization an Academic medical center or a teaching hospital?

- Yes
- No

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