



## Examination Agreement

Each statement listed below must be initialed by the examinee. The examinee's signature below verifies that the examinee understands and agrees to abide by all examination requirements as outlined in this document. If you have any questions or concerns regarding this information, contact the examination department at 800-626-2633.

- \_\_\_\_ 1. I understand that in order for this examination application to be complete, the Application, Examination Agreement, payment for the examination, and membership must be received at AAPC's national office by mail, fax, or email at least **four weeks** prior to the examination date.
- \_\_\_\_ 2. I understand that if my application packet is incomplete, it will not be processed and I will not be registered for an examination.
- \_\_\_\_ 3. I understand that my examination payment will be processed whether or not my application is accepted, and that it may be applied to a future examination date.
- \_\_\_\_ 4. I understand that my registration will not be processed if I have any unpaid balances with AAPC.
- \_\_\_\_ 5. I understand that if I cancel my examination registration later than 14 days prior to my examination date, I will be charged a \$25.00 late cancellation fee. I also understand that if I do not show up for my examination and haven't cancelled my registration, I will be charged a \$25.00 no show fee.
- \_\_\_\_ 6. I understand that my examination fee is nonrefundable and nontransferable and must be used within one year of payment date.
- \_\_\_\_ 7. Upon approval of application, I will receive a confirmation via email. A confirmation will be available online at [www.aapc.com](http://www.aapc.com) under the Member Login area under My Events. I understand if a confirmation is not showing, I may not be registered for the examination, and an examination may not be sent to the proctor.
- \_\_\_\_ 8. I understand I am strongly encouraged to bring current editions of the CPT® (AMA Standard or Professional version only), ICD-9-CM, and HCPCS Level II manuals. I understand no other reference material besides officially published errata update sheets for these manuals may be used and manuals may not be shared. Furthermore, if I do not have the current manuals, I understand I will be at a disadvantage. I understand I may obtain a list of manuals that do not meet the criteria by visiting AAPC's web site at: <http://www.aapc.com/certification/examinations.aspx>.
- \_\_\_\_ 9. I understand that the examinations are updated annually on (January 1) and reflect the current year codes.
- \_\_\_\_ 10. I understand that my books are subject to examination by the proctors. Tabs may be inserted, taped, pasted, glued, or stapled in the manuals so long as the obvious intent of the tab is to earmark a page with words or numbers, not supplement information in the book. I also understand no materials may be inserted, taped, glued, or stapled in my books. Writing is allowed in the manuals. If the proctors determine my books contain inappropriate material, I understand that I may be denied use of my own books during the examination at the

proctors' discretion. Should use of my books be disallowed, the proctors are not responsible to provide replacement books for my use during the examination and I may choose to sit for the examination at a later date.

- \_\_\_\_ 11. I agree to respect the authority of the proctors and treat them courteously.
- \_\_\_\_ 12. AAPC is not responsible for lost examinations. I understand that the proctors are responsible for mailing examinations back to AAPC. The proctors should send the examinations in a way so tracking is possible.
- \_\_\_\_ 13. I understand that results will be available online and the official results documents will be mailed within two to four weeks.
- \_\_\_\_ 14. I understand that all examinations are the sole property of AAPC and will not be returned to me.
- \_\_\_\_ 15. I understand that in order to maintain my certification, I must renew my membership annually with AAPC, pay any late fees that may apply, and submit the required continuing education units (CEUs) every two years.
- \_\_\_\_ 16. I understand that all examination materials are the sole property of AAPC and all information contained therein is strictly confidential. Additionally, no part of the examination may be reproduced, stored in a retrieval system, or transmitted in any form, or by any means—graphically, electronically, verbally, or mechanically, including photocopying, recording, or taping, without expressed written permission from the publisher. If this proprietary information is disclosed, I understand that such disclosure would constitute a violation of copyright laws and my certification will be revoked.
- \_\_\_\_ 17. I hereby certify that I have read, understand, and agree to abide by AAPC's Code of Ethics. If this code is violated as determined by the discretion of AAPC, at anytime thereafter, may result in the loss of all credentials conferred upon me by AAPC and of my membership with AAPC.

I have read and understand the above information and agree to adhere by these guidelines. I understand that any rules that are not followed can, and may, result in disqualification of the examination and decertification of the proctors, as well as forfeiture of any monies invested. Additionally, disclosure of proprietary information may result in civil and/or criminal prosecution at the discretion of AAPC.

\_\_\_\_\_  
Examinee's Name (please print)

\_\_\_\_\_  
Examinee's Signature

\_\_\_\_\_  
Date

Keep a copy of this document for your records

# Examination Application and Order Form

(All information in sections 1-5 must be completed or application will not be processed) Please print legibly



Member ID: \_\_\_\_\_

## 1. Personal Information (where information will be sent - no post office box allowed)

Name <small>(Last)</small>	Name <small>(First)</small>	Name <small>(Middle)</small>
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<b>Primary Address Contact:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work Home Address  City/State/Zip  Company Name  Company Address  City/State/Zip	<b>Primary Phone Contact:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work Work Phone  Work Fax  Home Phone  Cell  Email
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## 2. Examination Information

Examination Date	Examination Index #	<small>(available from contact person or online at <a href="http://www.aapc.com">www.aapc.com</a>)</small>
<small>City</small>	<small>State</small>	<small>Contact Person</small>
Examination Location		
Check One <input type="checkbox"/> CPC® Examination (Physician Coder) <input type="checkbox"/> CPC-H® Examination (Outpatient Facility Coder) <input type="checkbox"/> CPC-P® Examination (Payer)		
Retaking Examination <input type="checkbox"/> Yes      _____ This will be your 2nd, 3rd, 4th, etc., time taking examination. <input type="checkbox"/> Apprentice (required work experience not met)		

## 3. Educational Preparation (check all boxes that apply)

<input type="checkbox"/> Licensed PMCC, Instructor Name _____ <input type="checkbox"/> Boot Camp, Specify Vendor _____ <input type="checkbox"/> College Course, School _____ <input type="checkbox"/> Other _____	AAPC Distance Learning Programs: <input type="checkbox"/> Online CPC (30I) <input type="checkbox"/> Independent Study Program (ISP) <input type="checkbox"/> AAPC Study Guides <input type="checkbox"/> AAPC Online Practice exams <input type="checkbox"/> None
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## 4. Work Experience in a Coding/Coding-related Field (minimum two years required, see Certification Requirements) (check all boxes that apply)

<input type="checkbox"/> 1st Letter of recommendation attached (work experience) <input type="checkbox"/> Independent Study Program certificate attached <input type="checkbox"/> Coding course certificate of completion attached (80 hours or more)	<input type="checkbox"/> 2nd Letter of recommendation attached (work experience) <input type="checkbox"/> Licensed PMCC certificate or letter of completion attached (80 hours or more)
<input type="checkbox"/> Inasmuch as I do not have two years coding experience or provide proof thereof, I understand that upon passing the examination, I will be awarded an apprentice designation and will maintain such designation until the required work experience has been met and provided. _____ (Initial here)	

**Project Xtern:**

1. Do you need to complete an externship after completing your education program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<small>For information on the Xtern program, visit our web site at <a href="http://www.aapc.com">www.aapc.com</a></small>
2. Are you interested in participating in the AAPC Xtern program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## 5. Payment for Membership and Examination (application will not be processed unless payment for current membership and examination have been received)

Membership Rate (Check one): <input type="checkbox"/> Current Member ID # _____	<input type="checkbox"/> New <input type="checkbox"/> Renewing	Member \$145.00 USD ..... \$ _____
Examination Rate (Check one): <input type="checkbox"/> Examination Previously Paid	<input type="checkbox"/> Examination Payment \$400.00 USD .....	\$ _____
<b>Total Amount Enclosed .... \$ _____</b>		
Payment Method: <input type="checkbox"/> Check (company only) <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card Number _____ Signature _____		
Expiration Date (mm/yyyy) ____ / ____ Name as it Appears on Credit Card _____		
Billing Address _____		

**AAPC policy: Membership and examination are non-refundable and non-transferable**

I hereby attest that the above information is true and accurate to the best of my knowledge; if it is not, I understand that civil and criminal prosecution as well as disciplinary action with regards to membership and certification with AAPC will result.

Examinee's Signature \_\_\_\_\_ Date \_\_\_\_\_