

Examination Application and Order Form

(All information in sections 1-4 must be completed or application will not be processed)
Please print legibly



| 1. Personal Information (where information will be sent - no post office box allowed) | | |
|---------------------------------------------------------------------------------------|----------------|----------|
| Name | (Last) (First) | (Middle) |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Address Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work Home Address City/State/Zip Company Name Company Address City/State/Zip | Primary Phone Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work Work Phone Work Fax Home Phone Cell Email |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 2. Examination Information | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|--------------|
| Examination Date | Examination Index # | (available from contact person or online at www.aapc.com) | |
| Examination Location | City | State | Exam Proctor |
| 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) | | | |

| 3. Work Experience in a Coding/Coding-related Field (check all boxes that apply) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1st Letter of recommendation attached (work experience) <input type="checkbox"/> 2nd Letter of recommendation attached (work experience) <input type="checkbox"/> Coding course certificate or transcript of completion attached (80 hours or more) <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:
For information on the Xtern program, visit our web site at www.aapc.com

| 4. 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 <div style="text-align: right; margin-left: 400px;">Member \$125.00 USD \$ _____</div> <div style="text-align: right; margin-left: 400px;"><input type="checkbox"/> New <input type="checkbox"/> Renewing</div> AAPC Student exam discount code <input style="width: 150px; height: 15px;" type="text"/> <div style="text-align: right; margin-left: 100px;">Student Member \$70.00 USD \$ _____</div> Examination Rate (Check one): <input type="checkbox"/> Examination Previously Paid <input type="checkbox"/> Examination Payment \$300.00 USD \$ _____ <div style="text-align: right; margin-left: 400px;">Total Amount Enclosed \$ _____</div> 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 _____

Mail to: **AAPC**
2480 South 3850 West, Suite B
Salt Lake City, Utah 84120

Phone: 800-626-CODE(2633)
Fax: 801-236-2258
Email: exams@aapc.com



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 in order for this examination registration to be complete, the registration process must be completed online. IF online registration is not possible the paper application can be mailed, faxed, or emailed at least four weeks prior to the examination date.
- ___ 2. I understand if my application packet is incomplete, it will not be processed and I will not be registered for an examination.
- ___ 3. I understand my examination payment will be processed whether or not my application is accepted, and it may be applied to a future examination date.
- ___ 4. I understand my registration will not be processed if I have any unpaid balances with AAPC.
- ___ 5. I understand if I cancel my examination registration less than 14 days prior to my examination date, I will be charged \$25.00 for a late cancellation fee. I also understand if I do not show for my examination and haven't cancelled my registration, I will be charged a \$50.00 no show fee. Until this fee is received I will not be allowed to schedule for exam date.
- ___ 6. I understand my examination fee is nonrefundable and nontransferable and must be used within one year of purchase date or payment will be forfeit.
- ___ 7. Upon approval of application, I will receive a confirmation via email. A confirmation will be available online at www.aapc.com. Under the MyAAPC area locate the Purchases/Items option, then clicking on the Exam tab. I understand if a confirmation is not showing, I may not be registered for the examination, and an exam 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.
- ___ 9. I understand the examinations are updated annually on (January 1) and reflect the current year codes.
- ___ 10. I understand 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. Handwritten notes are acceptable in the coding books only if they pertain to daily coding activities. Questions from the Study Guides, Practice Exams or the Exam itself are prohibited. If the proctors determine my books contain inappropriate material, I understand 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 the proctors are responsible for mailing examinations back to AAPC. The proctors are required to send the examinations back in a way so tracking is possible.
- ___ 13. I understand in order to receive exam results I must have a current membership and results will be available online with the official result documents being mailed within two to four weeks.
- ___ 14. I understand all examinations are the sole property of AAPC and will not be returned to me.
- ___ 15. I understand 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 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.
- ___ 18. I understand all exams go through the same quality checks and grading process to ensure the accuracy of the final score. I understand the AAPC does not hand score individual examinations.

I have read and understand the above information and agree to adhere by these guidelines. I understand 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