



Professional Association of  
Healthcare Coding Specialists

**LIBRARY TESTING**

NOTICE: The Professional Association of Healthcare Coding Specialists (PAHCS) is pleased to offer our member coders an opportunity to become certified without leaving their local area. This is available only through local community libraries who graciously allow staff to proctor these certification exams.

Not a member of PAHCS? Join on line at [www.pahcs.org](http://www.pahcs.org) or complete this form and mark the appropriate boxes and we'll use this as your membership application and/or examination application.

*Return envelopes are mailed to local libraries stamped and addressed there is no cost incurred to the library.*

Fill this form out and mail or fax it to PAHCS (see address and fax number at the bottom of this form)

Name \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing City/State/Zip \_\_\_\_\_ Contact phone \_\_\_\_\_

I certify I am not sanctioned by the Office of Inspector General or on an Exclusions List under this or any other name.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application for the PAHCS Certification Exam: (completely fill out this section)**

I am applying to take the Specialty Certification Exam for \_\_\_\_\_ on (DATE) \_\_\_\_\_  
(specialty)

At (Library Name) \_\_\_\_\_

Name of Library Contact person \_\_\_\_\_ Library phone number \_\_\_\_\_

Library Mailing address \_\_\_\_\_

Library City/State/Zip \_\_\_\_\_

Name of Professional reference #1 \_\_\_\_\_ Contact information \_\_\_\_\_

Name of Professional reference #2 \_\_\_\_\_ Contact information \_\_\_\_\_

**PAYMENT INFORMATION:**

PAYMENT previously made, I am enclosing NO money at this time.

I am already a PAHCS member. ONLY charge me the examination fee of \$250

I want to become a member and also register for the exam. I will pay \$350 for both

\_\_\_ Check (Make payable to PAHCS) \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Print name of card holder \_\_\_\_\_

Address of card holder if not listed above \_\_\_\_\_

**PAHCS Office use only:**

Approved  Disapproved

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Visit our Web Site at <http://www.pahcs.org> • E-mail: [pahcs@pahcs.org](mailto:pahcs@pahcs.org)