The Professional Association of HealthCare Specialists

Application

PAHCS Membership and/or CPOM Examination

New Member Name ______________________________ Professional Title(s) __________________________

Email address ____

Practice Name ____

Practice Address ____

Practice City/State/Zip ____

Practice phone ____________________________ Practice Fax ____

Home address ____ Home phone______________________

Home City/State/Zip ____

CHECK ONE: Please mail PAHCS material to: ☐ **Practice address** ☐ **Home address**

Education completed: __High school __ Associate degree __Bachelor degree __Master degree __Other

Number of doctors at the practice _____ Specialty you are coding ______________________________ # Years coding______

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 Management Certification Exam for Certified Practice Office Manager (CPOM)

Location of exam ____________________________ Date of exam ______________________________

Professional reference #1______________________________ Contact information____________________________

Professional reference #2______________________________ Contact information____________________________

PAYMENT INFORMATION:

☐ **I ONLY want to become a PAHCS member at this time, please charge $120**

☐ **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

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Visit our Web Site at http://www.pahcs.org • E-mail: pahcs@pahcs.org