

Eligibility Requirements

This examination is designed to test knowledge on the broad scope of those professionals employed at the level to which the title "Credentialing Specialist" would appropriately apply. Candidates are expected to have current, direct, hands-on involvement in the major processes associated with this aspect of medical services credentialing including the areas covered in the Exam Content Outline in the Candidate Handbook.

Darken the circle next to the eligibility route that you meet **at the time of application**, (*darken only one response*).

Eligibility Requirements

- I have been employed in the medical services profession for the most recent twelve (12) consecutive months **AND** for a total of THREE (3) years within the immediate past FIVE (5) year period.
- I am a Certified Professional in Medical Services Management (CPMSM) in good standing, **AND** have been employed in the medical services profession for the most recent twelve (12) consecutive months.

Candidate's Attestation of Eligibility and Experience

To be completed by applicant. – Attach a separate sheet if additional space is required.

NAME: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

TITLE/PHONE NO: _____

If applicable, provide name of NAMSS certificant who referred you to apply for exam:

CERTIFICANT REFERRAL NAME: _____ (Relationship to applicant) _____

If less than three years with current employer, please list previous employer including job title to document complete experience in order to meet eligibility requirements:

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

CONTACT NAME: _____ PHONE NO: _____

Duties performed (*Check all that apply*)

- Performs provider/practitioner credentialing and or privileging
- Performs primary source verification
- Compliance with NCQA/URAC/TJC/HFAP/AAAHC or CMS accreditation and regulatory standards that apply to provider/practitioner credentialing and privileging
- Support of medical services departmental operations

By my signature below, I attest that I have been employed during the timeframe documented and have performed the duties and functions indicated above.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

CONTACT PHONE NO: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND
ACKNOWLEDGEMENT OF OBLIGATIONS**

I authorize the Certification Commission of NAMSS (CCN) to make whatever inquiries and investigations that it deems necessary or appropriate to verify my credentials and professional standing in order for me to qualify to sit for the certification exam for which I am applying. Further, I understand that the CCN will treat the contents of this application as well as all documents relating to certification as confidential, except as necessary to administer the certification program. If I successfully pass the certification examination and attain the CPCS designation, I authorize the CCN to release my name, mailing address, e-mail address, and other contact information to the National Association Medical Staff Services (NAMSS) for the purpose of providing Association information.

I understand that after earning the credential, I am responsible for complying with all obligations for maintaining the credential, including obtaining the required continuing education credits within the specified time period and for making application for renewal of my certification. I further understand that it is my responsibility to inform NAMSS Executive Office of any changes in my contact information.

Content of the exam (exam questions and answer choices) is considered confidential information. As a candidate for the exam, I attest that I will not disclose any confidential information regarding the content of the exam in any form, e.g. written, electronic, verbal, overheard, or observed. I understand that signing this attestation and complying with its terms is required. Furthermore, I acknowledge that I am bound by the Ethics and Code of Conduct Policy for NAMSS Certificants and any other rules of conduct that NAMSS or the CCN may adopt and that violation of any of these may result in disciplinary action, including suspension or revocation of the credential. I agree to cooperate fully in any CCN or NAMSS investigation or proceeding involving alleged misconduct.

I certify that all information provided to satisfy my eligibility to sit for the exam is true, correct, and complete. I fully understand that any significant misstatements or omissions may cause me to be ineligible to sit for the exam and that I will forfeit \$100 of the examination fee. I understand and agree that any misrepresentation, misstatement, or omission from this application, if discovered after certification has been awarded to me, may lead to revocation of the credential.

I have read and understand the information provided in the 2014 Candidate Handbook and will abide by the same. I declare that all information provided on my application is true. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores, or I may have my examination scores disqualified, if the CCN, in its sole judgment, determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other inappropriate behavior related to administration of the examination.

I further authorize NAMSS to release my current certification status at any time post-certification upon request (either written or verbal). I acknowledge that it is the policy of NAMSS not to release information regarding the scores obtained on the exams or to release information regarding the number of times a candidate has taken the exams.

Candidate's Signature _____ Date _____

Candidate's Printed Name _____