

 \Diamond

CERTIFICATION COMMISSION

Please read the directions in the Candidate Handbook carefully before completing this application.

please make yo Please print upp	MARKING INSTRUCTIONS: This form will be scanned by computer, so blease make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.									A	В	С	D	E	F	Ĩ	2	3	4	5	6
Candidate Print your LAST Company Name Number and Str City Daytime Phone E-mail Address	NAME then F	IRST NA					-					ovide O F.								e	
Eligibility and Background Information Darken only one choice for each question unless otherwise directed. A. HIGHEST ACADEMIC LEVEL: O High School Graduate O Bachelor's Degree O Some College O Master's Degree O Associate Degree O Other B. YEARS OF EXPERIENCE IN CREDENTIALING/ MEDICAL SERVICES MANAGEMENT: O More than 10 years O 4 to 10 years C. PRESENT EMPLOYMENT:					d.	 F. HAVE YOU TAKEN THIS EXAMINATION BEFORE? No Yes If yes, indicate month, year, and name. Date (month/year): Name: G. ARE YOU CURRENTLY CERTIFIED AS A CERTIFIED PROVIDER CREDENTIALING SPECIALIST (CPCS) BY THE CERTIFICATION COMMISSION OF NAMSS? No Yes If yes, indicate month and year of certification. Date (month/year): Note: Certification will be verified. 								 							
O Hospita O Ambula O Manage	l/Health Syste tory Surgical ad Care Orga ials Verificatio Practice	em Center nization on Orga	/Health nizatior						н.	AR ON ON Not	E YC No, I a ⁄es, I <i>e: Me</i>	DUA am nc am a embers ment f	CUF ot a m mem ship w	RREN nembe nber c vill be	JT M er of I f NAN verifie	EME NAMS MSS	SS				s not
O Less th O 100 - 2 O 251 - 5	an 100 50	0 8 0 1	501 - 1, More th Not app	ian 1,(Ι.	BY	AN	OU C 7 OTI O Yes	HER					D, O	RLI	CEN	SED
E. WHEN D O Spring	O YOU WIS O Summe		TAKE Fall	THE	EXAN	M IN	2014	4?		(Dai O C	r <i>ken a</i> CPHC	WHI all that (spec	t appl O RI	<i>ly)</i> HIA	0	RN		CPS	5	0	RHIT
									1									(0	comp	vete F	Page 2)

Application for Certified Professional in Medical Services Management Examination

Eligibility Requirements

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

Darken the circle next to the eligibility route that you meet <u>at the time of application</u>, (*darken only one response*). Eligibility Requirements

O I have been employed in the medical services profession for the most recent twelve (12) consecutive months **AND** for a total of FIVE (5) years within the immediate past EIGHT (8) year period.

O I am a Certified Provider Credentialing Specialist (CPCS) 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 e eligibility requirements:	employer to document complete experience in order to meet					
EMPLOYER:	DATES OF EMPLOYMENT:					
CONTACT NAME:	PHONE NO:					
 Duties performed (Check all that apply) Manage, conduct, participate in and maintain credentialing Ensure compliance with accreditation standards and regula Manage departmental operations and facilitate medical stat By my signature below, I attest that I have been employed during to functions indicated above. 	atory requirements. ff functions.					
PRINT NAME:	SIGNATURE:					
TITLE:	DATE:					
CONTACT PHONE NO:						

Page 2

Application for Certified Professional in Medical Services Management Examination

Verification of Eligibility and Experience - To be completed by applicant's immediate supervisor	
By my signature below, I attest to and verify that the above-named applicant for this certification examination mee eligibility criteria documented on this application.	
Immediate Supervisor Signature: Date:	
Title: Phone:	5 5 5 5
Organization:	6 6 6 7 7 7
Address:	8 8 8 8 9 9 9 9
	0 0 0 0

Optional Inform	nation						
Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and will in no way affect your test results.							
Race:			Age Range:			Gender:	
O African American	O Hispanic	O White	O Under 25	O 30 to 39	O 50 to 59	O Male	
O Asian	O Native American	O No Response	O 25 to 29	O 40 to 49	O 60+	O Female	

Candidate Signature

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I attest that I meet the eligibility requirements for the CPMSM exam. If found to be ineligible or false information is discovered on this application, I forfeit \$100 of the application fee. Additionally, I understand that I may be subject to an ethics investigation if I am a current NAMSS member.

CANDIDATE SIGNATURE: ______ DATE: ______

Credit Card Payment

CREDIT CARD PAYMENT If you want to charge your application fee on your credit card, provide all of the following information.						
Name (as it appears on your card):						
Address (as it appears on your statement):						
Charge my credit card for the total fee of: \$						
Expiration date (month/year):/// Card type: O VISA O MasterCard O American Express						
Card Number:						
Signature:Date:						

Examination Fees NAMSS Member: \$375 Non-Member: \$500

Submit this completed application with required documentation, the Authorization/Acknowledgement, and appropriate fee to: CPMSM Certification Examination, NAMSS Dept. 3115, Washington, DC 20042-3115

Page 3

 \diamond

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