Navigating and completing the exam application process

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Click on Select Exam

| Return to: <u>Applications</u> | |
|--------------------------------|--|
| Select Exam | |
| Select Exam | |

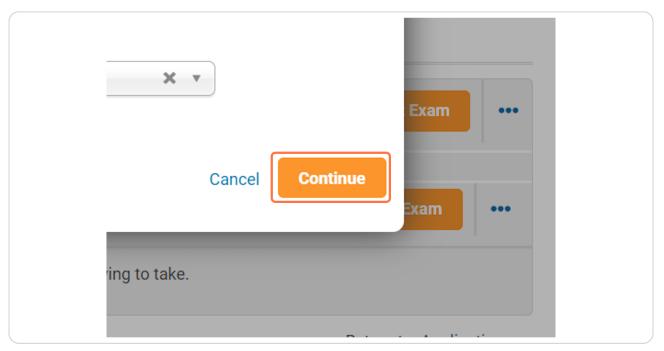
STEP 2

Select which exam you are applying for.

Please note the application window you are applying for. If you do not wish to sit for the exam in the listed window, please wait to apply until the appropriate application window.

| | Welcome Laura Kennedy! Cycle: CPCS/CPMSM [3/8/2023-11/18/2023 CPCS/CPMSM Exam Application: Exam Selection | Tasks P | My Account | C Logout |
|------------------|--------------------------------------------------------------------------------------------------------------|---------|------------|----------------------------|
| ns | Applicant Name: | | | |
| | Laura Kennedy | | | |
| | Exam Cycle: | | | |
| PCS/CPI | Fall 2023 | | | : <u>Application</u> : |
| /18/202 | Which exam are you applying for*: | | | |
| | Select Exam Type | | | |
| Ð 🖃 🗉 | CPCS | | | Exam • |
| | CPMSM | | | |
| warm Cale | Both CPCS and CPMSM | Cancel | Continue | xam ••• |
| ixam Sele | | | | |
| o get started pl | ease click the orange button to select which certification exam you are applying to | o take. | | |
| | | | | |
| | | | Return | n to: <u>Application</u> : |
| | | | | |
| | | | | |
| SS CE Accred | itation Customer Support NAMSS CE Accreditation Resources | | | |

Click on Continue.



STEP 4

Select "Enter Work Experience".

| | s protession for a total of FIVE (5) e immediate past EIGHT (8) years | 0 of 60 | | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|-------------------------------------|------|
| Your Exam Selection You are currently applying for the to "Completing Application" and a | CPMSM exam. If you need to chan | ge your exam type, click [] | from the top or bottom right corner | next |
| Most Recent Work Ex | perience 🔳 | | | |
| Employer | Start Date End Date | Supervisor | | |
| Required | | | Enter Work Experience | |
| Past Work Experience | | | Add Past Work Experie | • |
| Completing Application | | | Completing Application | |

Confirm that you are actively employed at your current position.

As a reminder, candidate must be currently employed in the medical services profession for at least 12 consecutive months in the last 24 months for both the CPCS and CPMSM exam.

| 6 | 3 Full Months - within the immediate past EIGHT (8) years |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Work Experience - Most Recent: Complete Work Experience |
| Ye | Please enter details about your work experience below and then select the Continue button. Your application requirements will be updated based on the employment dates you enter. If you are still employed at a specific position please set the current date as your End Date. Self-employed applicants shall provide client contacts (in the supervisor fields) that can verify work completed. Once you have entered this information, you must click Continue . If responding to an inquiry, please Continue from this step and Submit on the next step, then Resubmit your application. |
| | Are you actively employed at this job?*: Select Are you actively employed at this job? |
| _ | Position Title*: |
| | Start Date*: MM/DD/YYYY |
| | End Date*: MM/DD/YYYY |

STEP 6

Enter the name of your current employer in the field.

| Yo | Please enter details about your work experience below and then select the Continue button. Your application requirements will be updated based on the employment dates you enter. If you are still employed at a specific position please set the current date as your End Date. Self-employed applicants shall provide client contacts (in the supervisor fields) that can verify work completed. Once you have entered this information, you must click Continue . If responding to an inquiry, please Continue from this step and Submit on the next step, then Resubmit your application. | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Are you actively employed at this job?*: | |
| | Yes X v | |
| | Employer*: | |
| | Example Employer | |
| | Position Title*: | |
| | | |
| | Start Date*: | |
| | | |
| | End Date*: | |
| | | |
| | Supporting Documentation (Resume, CV, Job Description)*: | |
| Compl | eting Application | nlicatio |
| Comp | | poutin |

Enter your position name in the appropriate field.

To avoid delays in your application processing, please accurately list your position title.

| Yo "Ca | Please enter details about your work experience below and then select the Continue button. You requirements will be updated based on the employment dates you enter. If you are still employed please set the current date as your End Date. Self-employed applicants shall provide client conta fields) that can verify work completed. Once you have entered this information, you must Click C If responding to an inquiry, please Continue from this step and Submit on the next step, then Re application. | at a specific position cts (in the supervisor continue. |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| | Are you actively employed at this job?*: | |
| | Yes 🗶 🔻 | |
| | Employer*: | |
| | Example Employer | |
| | Position Title*: | |
| | Example Position | ן |
| | | |
| | Start Date*: | |
| C | | |
| | End Date*: | |
| | MM/DD/YYYY | |
| | Supporting Documentation (Resume, CV, Job Description)*: | |
| Comple | eting Application | Completing Application |
| Compre | And Application | |

Enter your start and end dates. For your current position, please list the current date as your end date.

Please ensure your start date is accurate to avoid delays in your supervisor's approval of your application.

| 60 F | ull Months - within the immediate past EIGHT (8) years | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Work Experience - Most Recent: Complete Work Experience | × |
| | Employer*: Example Employer | |
| Yc | Position Title*: | t to |
| | Example Position Start Date*: | |
| ٩ | MM/DD/YYYY | |
| | End Date*: MM/DD/YYYY | |
| | Supporting Documentation (Resume, CV, Job Description)*: <u>Choose from library</u> or Upload | |
| | | |
| | Supervisor Email*: | • |
| | Supervisor Name*: | ICE |
| | · · _··· | • |
| | and the second sec | |

Please upload a document supporting your current position. This can be a resume, CV, or detailed job description from your company's HR department.

| | loyed in the medical services profession for a total of FIVE (5) years - ull Months - within the immediate past EIGHT (8) years | | |
|--------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|----|
| | Work Experience - Most Recent: Complete Work Experience | × | |
| | Employer*: | ^ | |
| | Example Employer | | |
| Yo | Position Title*: | đ | to |
| | Example Position | | |
| | Start Date*: 07/01/2020 | | |
| | End Date*: | | |
| | 07/06/2023 | | |
| | Supporting Documentation (Resume, CV, Job Description)*: | | |
| | resume.docx | | |
| | Supervisor Email*: | | |
| | | | 0 |
| C | Supervisor Name*: | | • |
| | | no | ce |
| | Supervisor Title*: | • | |
| Comple | eting Application | Completing Application | |

Enter your supervisor's email. To avoid delays in your application processing, please ensure their email is accurate.

As a reminder, it is the candidate's responsibility to ensure supervisor verifications are completed in a timely manner. If your supervisor doesn't receive an email from certifica-tion@namss.org, ask them to check spam and junk folders.

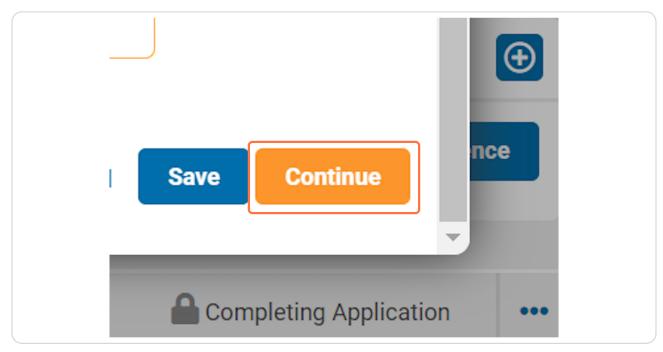
| | 07/06/2023 | |
|-----|------------------------------------------------------------------|--|
| Yo | Supporting Documentation (Resume, CV, Job Descriptic resume.docx | |
| "Ca | Supervisor Email*: supervisor@test.com | |
| C | Supervisor Name*: | |
| | Supervisor Title*: | |

Enter your supervisor's name, title, organization, and phone number.

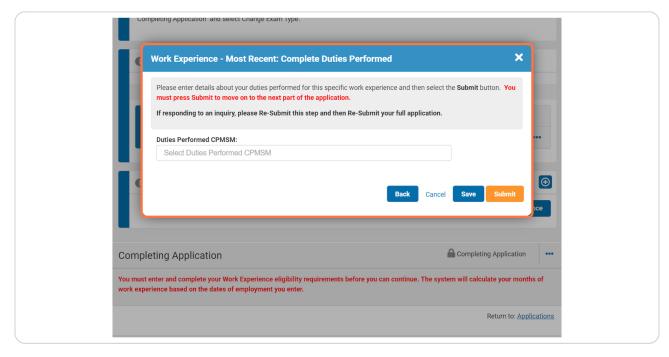
| 60 F | ull Months - within the immediate past EIGHT (8) years |
|------|----------------------------------------------------------|
| | Work Experience - Most Recent: Complete Work Experience |
| | 07/06/2023 |
| C | Supporting Documentation (Resume, CV, Job Description)*: |
| Yo | resume.docx |
| "Ct | Supervisor Email*: supervisor@test.com |
| | Supervisor Name*: |
| C | John Doe |
| | Supervisor Title* |
| | |
| | Supervisor Organization*: |
| | |
| | Supervisor Phone*: |
| C C | |
| | Cancel Save Continue |

STEP 12

You must select "Continue" in order to proceed.

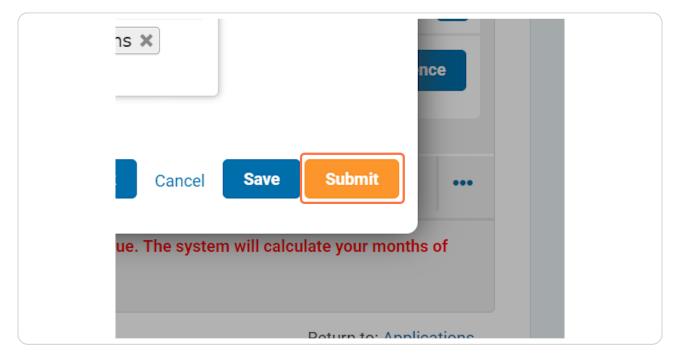


Select the duties most relevant to your current role.



STEP 14

Click on Submit

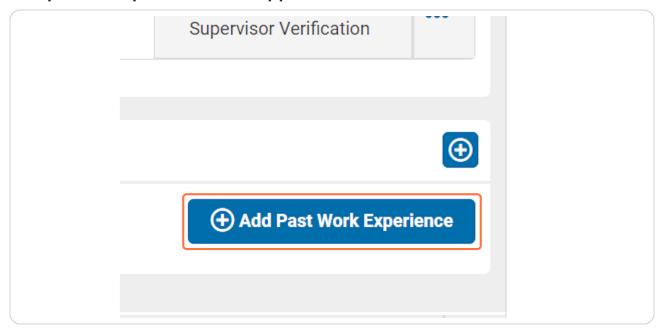


In order to proceed, all three meters must be filled. Repeat previous steps until all three meters show "100%".

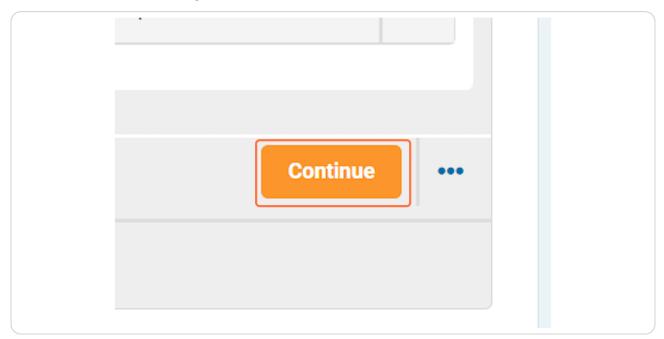
| 60% 36 of 60 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your Exam Selection is CPMSM |
| You are currently applying for the CPMSM exam. If you need to change your exam type, click [] from the top or bottom right corner next to "Completing Application" and select Change Exam Type. |
| Som Most Recent Work Experience |
| Employer Start Date End Date Supervisor |
| Required |
| Example Employer 7/1/2020 7/6/2023 John Doe Supervisor Verification |
| |
| 🕐 Past Work Experience 🗉 🕘 |

STEP 16

Click on "Add Past Work Experience", and repeat previous steps to complete this portion of the application.



Select "Continue" to proceed.



STEP 18

Please enter a secondary email address, ideally a personal email address, to use if we are unable to reach you at your primary email address.

Please enter your name as it appears on the government issued ID you will present on exam day. Failure to provide your accurate name may result in being barred from sitting for your exam.

| tion | NAMSS Profile Name: Laura Kennedy |
|------|----------------------------------------------------|
| | NAMSS Profile Primary Email: lkennedy@namss.org |
| | Secondary Email*: personalemail@test.com |
| | First Name*: |
| | Middle Name/Initial: |
| | |

STEP 20

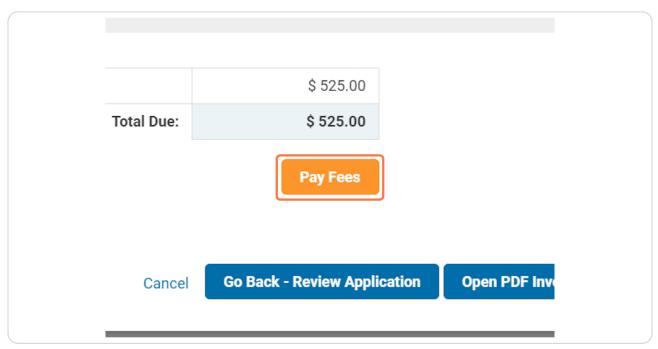
Read the attestation thoroughly and select that you agree with all terms outlined above.

| CPCS/CPMSM Exam Appli | cation: Complete Application: Attestation and Authorization 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 verba). 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. | |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Please fix the following error(s): • Attestation is required. Candidate Name: Laura Kennedy lagree to the terms above and grant my e-Signature*: Select Attestation | |
| | Attestation is required. | |

To request an ADA accomodation, select "Request Special Accomodation for Exam". You will be required to select your accomodation and provide accurate and thorough documentation.

If you do not require an accomodation, select "Continue to Payment."

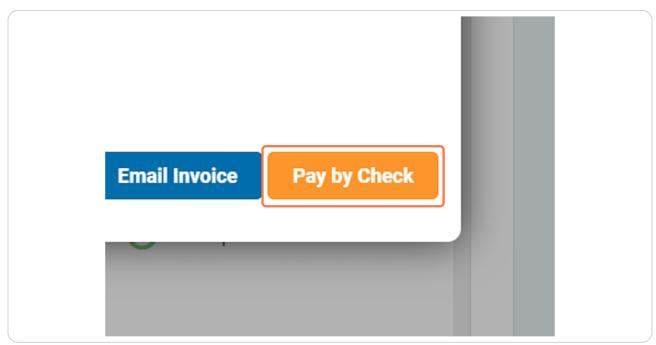
| Previous Next > uest Special Accommodations for Exam | | | | |
|----------------------------------------------------------------|-------------------------------------|-----|----------|------------|
| | | | ·i | Maut |
| uest Special Accommodations for Exam Continue to Payment | | K P | revious | Next > |
| | uest Special Accommodations for Exa | m | Continue | to Payment |



Click on "Pay Fees" to pay your exam fee via Credit Card.

STEP 23

To pay your exam fee by Check, select "Pay by Check."



<u>Review the information below to properly proceed with paying for your exam</u> <u>by check.</u>

As a reminder, we are unable to review your application until check payments are received and processed. It is the candidate's responsibility to ensure the proper issuing authority issues the check in a timely manner. To check on the status of your a payment, please contact info@namss.org with the check number and name of the issuing authority.

| | | | | • Add Past Work Expe | rience |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|---------------------------|-----------------|
| Emplo | oyer S | Start Date | End Date | | |
| Sampl | e 7 | 7/1/2013 | 7/1/2020 | Reviewing Work Experience | |
| | | | | | |
| Awaiting Cl | neck Payment | | | Awaiting Check Payment | 0 |
| You will receive a Please send che NAMSS 8658 Solution Ct Chicago, IL 6067 | an invoice to your email address or cks to: enter | n file. | ed until we receive and process your cl tton and 'Pay by Credit Card'. | | |
| | | | | Return to: Ap | plications |
| NAMSS Recertification | itation Customer Support ttion (CPCS/CPMSM) Custom Builder. Copyright 2023 <u>Heurist</u> 12:41:17 Version: 11.0.23 Revision | <u>er Suppor</u> ic Solution | t NAMSS Recertification Resounds | irces | <u>Site Map</u> |

To switch from a check payment to card payment, select the three dots in the top right hand corner and select "Pay by Card."

| Apr | CPCS/CPMSM Exam Application (03/08/2023 to 11/18/2023) | Return to: <u>Applications</u> |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| | 🛨 🖻 Awaiting Check Payment 💶 🖨 | Le Awaiting Check Payment 1 |
| | Requirements Provide your most recent work experience for verification I of 1 Employed for at least 12 consecutive months in the last 24 months I of 1 Employed in the medical services profession for a total of FIVE (5) years - 60 Full Months - within the immediate past EIGHT (8) years 95 of 60 | Legend Units Added Remaining Completed |
| | Most Recent Work Experience | |

STEP 26

After you hit submit and your supervisor verification is complete, NAMSS staff will review your application within 10 business days. Please direct after questions about your application status to certification@namss.org.