



AAHAM CRCS Exam Application Form

Date: _____ Name: _____
Print name as it should appear on certificate. (First, MI, Last)

Non-Member Member and Member ID # _____

Employer's Name: _____
Please be sure to include your company/hospital name.

Home or Work

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Email: _____
**Email is required to process application.*

Local Chapter Name: _____

Please list your current or last employer:

1. Your Current Title: _____

Business Dates of Employment: _____

Address: _____

Select exam:

- CRCS-I (Hospital, health system)
 CRCS-I Dual Certification (Hospital, health system)
(for current CRCS-P Certified Examinee)
 CRCS-P (Clinic, physician)
 CRCS-P Dual Certification (Clinic, physician)
(for current CRCS-I Certified Examinee)

Preferred exam month:

March July November

If this is a retake, when did you originally sit for the exam?
_____ (month/year)

Please note:

If it has been more than 12 months since you originally sat for the CRCS-I/CRCS-P exam, you must retake the entire exam.

If this is a retake of CRCS-I/CRCS-P, which section are you taking?

SECTION:

1 (Patient Access) 2 (Billing) 3 (Credit & Collections)

If you are applying for Dual Certification, when did you originally become a CRCS-I or CRCS-P? _____ (month/year)

SUBMITTING YOUR APPLICATION:

Mail application with check or money order to:

AAHAM National Office
11240 Waples Mill Road, Suite 200
Fairfax, VA 22030

Fax: 703.359.7562

CRCS-I/CRCS-P FEES:

Full Exam — \$100
Section Retake — \$50
Dual Certification Exam — \$80

Make checks payable to: AAHAM - Tax ID#23-1899873

Payment by Visa, MasterCard or Amex is accepted online at:
www.aaham.org

For Credit Card Payment: AMEX VISA MASTERCARD

Account Number: _____ CVV2*: _____

Name: *as it appears on card* _____

Signature: _____ Ex. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

**Application fees are non-transferable and non-refundable.
There are no postponements allowed.**

DEADLINE: Your application must be received by the
AAHAM National Office by:

**December 15, 2016 for March 2017 Exam
April 17, 2017 for July 2017 Exam
August 15, 2017 for November 2017 Exam**

*If the 1st falls on a weekend the deadline will
move to the next business day.*

An exam confirmation and the information to download your study outline will be emailed to you 6-7 weeks prior to the start of the exam period. You will be contacted by your certification chair regarding the time, date and location of your exam.

The study outline is included with your exam fee. If you would like to order the comprehensive Study Manual, please visit www.aaham.org for more information.

QUESTIONS? Call the National Office at 703.281.4043 x 211

Please keep a copy of this application for your records.

I hereby declare that the statements contained in this application are true and correct to the best of my knowledge.

Signature of Applicant