



## **Association for Home & Hospice Care of North Carolina (AHHNC) EXAM REGISTRATION FORM**

Register me for the **Home Care Coding Specialist - Diagnosis (HCS-D)** certification examination.

\_\_\_\_\_ I am an AHHNC member. My registration fee is \$233.10.

\_\_\_\_\_ I am not an AHHNC member. The standard registration fee is \$259.00.

Register me for the **Home Care Clinical Specialist - OASIS (HCS-O)** certification examination.

\_\_\_\_\_ I am an AHHNC member. My registration fee is \$233.10.

\_\_\_\_\_ I am not an AHHNC member. The standard registration fee is \$259.00.

### **CANDIDATE INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### **PAYMENT INFORMATION**

Credit Card                       VISA       MC       AMEX

Card #: \_\_\_\_\_ Expiration \_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature \_\_\_\_\_

Check enclosed                      Payable to Registrar, BMSC (TIN 52-2205881)

**Fax (301) 287-2535 ▪ Call (800) 897-4509 ▪ Mail BMSC, 9737 Washingtonian Blvd, Ste 100 Gaithersburg, MD 20878**

## Individual Proctoring Protocol (IPP) Process Overview

In order to preserve the integrity of the examination process, credential candidates who choose to take their qualifying examination at their office must first agree to comply with the Board of Medical Specialty Coding & Compliance's Individual Proctoring Protocol (IPP).

Candidates must nominate a qualified individual proctor and complete and return the **Proctor Nomination Form** with the registration form to the Board for approval. BMSC will then forward instructions to administer the qualifying examination for the relevant credential to the approved proctor.

A qualified proctor should be an impartial test administrator. Examples of **qualified** proctors include colleagues, supervisors, clergy and other impartial individuals. A unacceptable proctor would be anyone related to the candidate through marriage or blood, an employee of the candidate or someone who is compensated for proctoring duties.

For Examinations Taken Online:

The proctor will:

1. Receive the UserID and Password for the candidate to use for the examination via email. This email will also include links to appropriate forms (proctor instructions and supporting documents) for candidates to use during the exam.
2. Schedule a time and place for candidate to sit for the examination
3. Administer the examination according to instructions provided by BMSC.
4. Keep exam content confidential and not duplicate in any way.

As a credential candidate, you and the proctor must agree to abide by the requirements of the Individual Proctoring Protocol, and you understand that failure to comply with these requirements may result in your disqualification.

Questions or concerns about the IPP should be directed to:

The Board of Medical Specialty Coding & Compliance (BMSC)

P.O. Box 9402, Gaithersburg, MD 20898-9402

[info@medicalspecialtycoding.com](mailto:info@medicalspecialtycoding.com)

[www.medicalspecialtycoding.com](http://www.medicalspecialtycoding.com)

Phone: 800/897-4509 Fax: 301/287-2535



## Proctor Nomination Form

I, \_\_\_\_\_, a candidate for:

- Home Care Coding Specialist – Diagnosis (HCS-D)**
- Home Care Clinical Specialist – OASIS (HCS-O)**

hereby nominate the following individual to serve as proctor for my qualification examination, which I will take on paper at my work:

**▶ Required Fields (PLEASE PRINT OR TYPE)**

- ▶ Name \_\_\_\_\_ Credentials \_\_\_\_\_
- Title \_\_\_\_\_
- Organization \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
- ▶ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_
- ▶ Email \_\_\_\_\_
- ▶ Relationship of proctor to Candidate \_\_\_\_\_

I hereby certify that the proctor I have nominated:

- Is NOT a relative by blood or marriage
- Is NOT a direct or indirect employee of the candidate
- Is NOT compensated in any way for fulfilling the duties of proctor

I hereby certify that the proctor I have nominated is aware of my request and has agreed to adhere to the testing protocol as outlined in the **Individual Proctoring Protocol Process Overview**.

▶ \_\_\_\_\_ Date \_\_\_\_\_  
 Candidate Signature

(\_\_\_\_\_) ext. \_\_\_\_\_ Candidate Email \_\_\_\_\_  
 Candidate Phone

Mail or Fax completed form to:  
 Board of Medical Specialty Coding & Compliance (Attn: Registrar)  
 Two Washingtonian Center  
 9737 Washingtonian Blvd., Ste 100  
 Gaithersburg, MD 20878-7364  
**Fax: (301) 287-2535**