



Board of
**Medical Specialty
Coding & Compliance**

EXAMINATION REGISTRATION FORM *(HALF PRICE RE-TAKE)*

This fee is good for one exam attempt and must be submitted within 30 days of your last attempt.

1. CREDENTIAL EXAMINATION

- HCS-D Certification \$129.50 HCS-D Recertification \$74.50
- HCS-O Certification \$129.50 HCS-O Recertification \$74.50
- Certified Compliance Professional (CCP-P) \$129.50 CCP-P Recertification \$74.50
- SCP Specialty Coding Professional \$129.50 (please check specialty below)
- SCP Specialty Coding Professional Recertification \$74.50 (please check specialty below)
- Advanced Coding Specialist (ACS) \$162.50 (please check specialty below)
- Advanced Coding Specialist Recertification \$114.50 (please check specialty below)

- | | |
|--|---|
| <input type="checkbox"/> Anesthesia (ACS-AN) | <input type="checkbox"/> General Surgery (ACS-GS) |
| <input type="checkbox"/> Cardiology (ACS-CA) | <input type="checkbox"/> Pain Management (ACS-PM) |
| <input type="checkbox"/> Evaluation & Management (ACS-EM) | <input type="checkbox"/> Obstetrics/Gynecology (ACS-OB) |
| <input type="checkbox"/> Emergency Medicine (ACS-ED) | <input type="checkbox"/> Orthopedics (ACS-OR) |
| <input type="checkbox"/> Family Practice/Pediatrics (ACS-FP) | <input type="checkbox"/> Radiology (ACS-RA) |
| <input type="checkbox"/> Gastroenterology (ACS-GI) | <input type="checkbox"/> Urology (ACS-UR) |

2. TESTING METHOD

- Online– in my office or other location

Must submit a Proctor Nomination Form and agree to follow BMSC Individual Proctoring Protocol (IPP).
Form can be downloaded at www.medicalspecialtycoding.com

- Onsite (Check the BMSC website for an updated list of exam opportunities and locations.)

City	ST	Day	Date	Time	Conference Name

3. CANDIDATE INFORMATION

Name: _____ Title: _____
(as you would like it to appear on your certificate)

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____
(You will receive exam status notifications and reminders via email)

4. PAYMENT INFORMATION

- Credit Card VISA MC AMEX

Card #: _____ Expiration _____

Cardholder: _____ Signature _____

- Check Payable to Registrar, BMSC (TIN 52-2205881) Please mail and fax registration form and PNF with check.



Board of Medical Specialty Coding & Compliance Individual Proctoring Protocol

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).

*Please Note: if you choose to register for an exam at any conference, you do not need to fax a proctor nomination form to BMSC before the conference. Your examination will be proctored onsite, so there is no need to nominate a proctor.

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. An **unacceptable** proctor would be BMSC certified, 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. Candidate will have 30 days from the time the proctor receives the log-in instructions to take 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:

Mail and Fax completed form to:
Board of Medical Specialty Coding & Compliance (Attn: Registrar)
Two Washingtonian Center
9737 Washingtonian Blvd., Ste 100
Gaithersburg, MD 20878-7364
info@medicalspeciallycoding.com
www.medicalspeciallycoding.com

Phone: 800/897-4509 Fax: 301/287-2914

www.medicalspeciallycoding.com



Board of
**Medical Specialty
 Coding & Compliance**

Proctor Nomination Form (Half Price Re-take)

I, _____, a candidate for:

- | | |
|---|---|
| <input type="checkbox"/> Specialty Coding Professional (SCP) _____ (specialty) | <input type="checkbox"/> SCP Recertification _____ (specialty) |
| <input type="checkbox"/> Advanced Coding Specialist (ACS) _____ (specialty) | <input type="checkbox"/> ACS Recertification _____ (specialty) |
| <input type="checkbox"/> Homecare Coding Specialist – Diagnosis (HCS-D) | <input type="checkbox"/> HCS-D Recertification |
| <input type="checkbox"/> Homecare Clinical Specialist – OASIS (HCS-O) | <input type="checkbox"/> HCS-O Recertification |
| <input type="checkbox"/> Certified Compliance Professional – Physician (CCP-P) | <input type="checkbox"/> CCP-P Recertification |

I hereby nominate the following individual to serve as proctor for my qualification examination, which I will take online:

▶ **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**.

▶ _____ ▶ _____
 Candidate Signature Date

(_____) _____ ext. _____
 Candidate Phone Candidate Email

Mail and Fax completed form to:
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 Gaithersburg, MD 20878-7364
 Phone: 800/897-4509 Fax: 301/287-2914
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