



# Proctor Nomination Form

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

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

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**.

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

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

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) 287-2914**