



# Home Care Association of New York State (HCANYS)

## EXAM REGISTRATION FORM

### **HOME CARE CODING SPECIALIST (HCS-D)**

Register me for the **2010** Home Care Coding Specialist - Diagnosis (HCS-D) certification examination November 18, 2010 Albany, NY

\_\_\_\_\_ I am an HCANYS member. My registration fee is \$229.00

\_\_\_\_\_ I am not an HCANYS member. The standard registration fee is \$249.00

Register me for the **2010** Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on November 18, 2010 Albany, NY (**Open to HCS-D credential holders due for recertification**)

\_\_\_\_\_ The standard registration fee is \$129.00. (Discount not available for HCANYS members)

I want to take the **2010** HCS-D exam **ONLINE** at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at:* [www.medicalspecialtycoding.com](http://www.medicalspecialtycoding.com).

**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) 287-2914 ▪ Call (800) 897-4509**

▪ **Mail** Attn Registrar BMSC, 9737 Washingtonian Blvd., Ste 100, Gaithersburg, MD 20878-7364