

2010 National Certified Medical Collector Boot Camp

CMC Boot Camp Enrollment Form

*Call 1-866-571-5635 with any questions about registration, the course or certification exam.
Deadline for Enrollment, August 27, 2010 @ 1:00 pm EST*

Tuition Only:

\$1,300 Standard Registration – no discounts apply
(includes course, text, learning materials & AIHC Membership)

Enrollment Date: _____

Tuition + Certification Exam (optional):

\$1,550 – Standard Registration

Amount Due: _____

◆ **\$250 CMC Certification Exam**
(Discount does not apply to certification exam)

FILL OUT MEMBERSHIP APPLICATION AND SUBMIT WITH COURSE REGISTRATION – SEE BELOW

Print Name, Position, Current Credentials & Check Highest Level of Education

High School Diploma Program Associates Bachelors Masters PHD/MD/DO/DPM other:

Employer & Employer Address

Address for Shipping Text Books

Email Address (required)

Work Phone/Ext.

Fax

Home/Cell Phone

Charge My Credit Card: VISA MasterCard Discover American Express

Card #: _____ Security code _____ Exp.Date: _____

Billing Address for credit card: _____

Print Name on Card: _____

Authorized Signature & Date: _____

CHECK #: _____

AMOUNT ENCLOSED \$ _____

Please make checks payable to: AIHC; Mail to **American Institute of Healthcare Compliance**
445 W. Liberty Street, Suite 212, Medina OH 44256

If you have any questions, or to register by telephone with a credit card, please call **1-866-571-5635**
Fax: **330-952-0716**

Please visit our website at www.aihc-assn.org for more information about our company.
Inquiries should be made to info@aihc-assn.org

CC/WEB

You must successfully complete both Part I and Part II to earn CEUs

AIHC Membership Application



Answering the following questions is required by the Executive Board of Directors overseeing credentialing of certified AIHC professionals.

How did you hear about us? Mailing Email Co-worker AIHC website AHIMA website

Job/Position (title & brief description):

Are you certified by any organization? Please indicate certification and company name:

Are you a licensed clinical professional? Please check all appropriate boxes:

- | | |
|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse Practitioner/Midwife |
| <input type="checkbox"/> Doctor of Podiatric Medicine | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kinesiotherapist | |

OIG exclusion

Have you ever been-

1) Notified that you were under investigation for; investigated for; charged with; or convicted of any offense relating to Medicaid or Medicare fraud?

2) Have you ever been on the OIG exclusion list?

Membership Requirement (Restriction)

AIHC membership is open to the public, health care workers and administrators as well as certified healthcare auditors, collectors and compliance officers. To uphold to a higher standard, AIHC follows the guidelines recommended by the Office of the Inspector General (OIG) regarding retention of excluded individuals. For many years the Congress of the United States has worked diligently to protect the health and welfare of the nation's elderly and poor by implementing legislation to prevent certain individuals and businesses from participating in Federally-funded health care programs. The OIG, under this Congressional mandate, established a program to exclude individuals and entities affected by these various legal authorities, contained in sections [1128](#) and [1156](#) of the [Social Security Act](#), and maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities. (See OIG website at www.hhs.gov/oig) No individual whose name appears on the OIG Excluded Individuals Entities List may hold membership in AIHC; and any member whose name is added to this list will have his/her membership status revoked without refund.

“My signature below indicates I have read this restriction to membership and attest that I am not currently on the OIG exclusion list at the date this application has been submitted for membership to the American Institute of Healthcare Compliance.”

Signature

Date