Compliance Certification Board (CCB)®

CHRC Examination Application

Special paper-and-pencil administration of the *Certified in Healthcare Research Compliance (CHRC)*® examination

Healthcare Research Basic Compliance Academy | Nashville, TN
Exam Check-In: 12:45 pm | Exam Time: 1:00 – 4:00 pm
Thursday, November 5, 2020

***Please note: Actual Exam Duration is 120 minutes per the Candidate Handbook.** If you are not present at the specified "Exam Time" as listed above, and as determined by the exam proctor, you will not be allowed to sit for the exam. Time range above includes mandatory exam procedures and proctor instructions.

The application deadline is Monday, October 26, 2020

After this date, you must contact CCB to register for the exam offered at this event.
A CCB certification specialist will review and process your exam application in five business days. Once a candidate receives confirmation of exam eligibility from CCB, the exam must be taken within 12 months, provided the 20 CCB CEUs earned to sit for the exam are valid at the time the candidate takes the exam.

Complete the online Examination Application form at *hcca-info.org*, or send this completed Examination Application and fees to: **mail:** Compliance Certification Board, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435, U.S. **fax:** 952.988.0146
Questions: **email:** ccb@compliancecertification.org | **phone:** 952.988.0141 or 888.580.8373

Applications submitted without sections 1-5 completed will not be accepted.

1 PERSONAL INFORMATION

* First Name | * Last Name | Middle Name

***Preferred Mailing Address: (score reports will be sent to the address listed below)**

*Street Address

*City/Town | *State/Province | *Country | *Zip/Postal Code

*Telephone | SCCE/HCCA ID number (optional) | *Email *(confirmations will be sent to this address)*

**DENOTES REQUIRED FIELD*

2 WORK EXPERIENCE

Select the classification that best describes your professional experience. CCB staff is unable to determine this for you. See the *Certified in Healthcare Research Compliance (CHRC)® Candidate Handbook* for more information on determining your work experience classification. **Please Note: You must meet one of these classifications in order to fulfill the professional experience requirement for certification.**

☐ **Compliance Professional** (All must apply):
- You have at least one year in a full time compliance position or 1,500 hours of direct compliance job duties earned in the two years preceding your application date, and
- Job duties performed directly relate to the tasks reflected in the "Detailed Content Outline" on pages 22-24.

☐ **Student:** Has successfully completed a certificate program from a CCB-accredited university program (complete listing found at *hcca-info.org*) within the last two years. Attach the certificate or letter of completion given by your CCB accredited university.

If you selected Compliance Professional above, complete the below employer information related to meeting the work experience requirement. Required information below must be completed for CCB to process this exam application. Resumes will not be accepted in place of this section.

***Job Title** | ***Employer** | ***Dates of employment** *(month/year to month/year)* to

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3 CONTINUING EDUCATION

In order to sit for this examination, you must submit documentation of 20 CCB continuing education units, of which 10 must have come from "live" training events, and have been earned within the 12-month period preceding the exam date.

CEUs can be earned from programs outside SCCE and HCCA conferences and activities. You can submit these outside programs for CCB CEU approval using the online or paper Individual Accreditation Application form. See the *CHRC Candidate Handbook* for more information on obtaining outside CEUs for your CCB certification.

Please Note: CEUs earned prior to the exam date are considered "redeemed" upon passing, and cannot be used toward your first renewal period even if CEUs are in excess of the 20 required to sit for the exam.

List below any additional necessary CEUs earned, along with appropriate documentation per the candidate handbook **if they are not already on file with CCB.**

Title	Date	Credits

All continuing education submissions are subject to audit per CCB policy.

4 FEES

Include all fees with your application.

All checks should be made payable to "Compliance Certification Board." Funds from international countries should be submitted in U.S. dollars. For wire transfer details, email *ap@corporatecompliance.org*.

Applications will not be processed until payment has been received.

No refunds will be issued to eligible candidates who need to cancel an exam or fail to schedule their exam by their eligibilty end date. Candidates must notify CCB at least five business days prior to the scheduled test date, if they are unable to attend the scheduled exam on that date.

If candidates fail to give five business days notice, or if candidates need to reschedule the exam more than once, a rescheduling fee will be imposed.

CHRC EXAMINATION APPLICATION FEE

☐ SCCE or HCCA Member: $275 **OR** ☐ Non-member: $375

PAYMENT METHOD

Mail check to: CCB, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

Fax to: +1 952.988.0146

◯ Check enclosed

◯ I authorize CCB to charge my credit card (choose below)

Credit Card: ◯ American Express ◯ MasterCard ◯ Visa ◯ Discover

Due to PCI Compliance, please do not provide any credit card information via email. You may email this form (without credit card information to ccb@compliancecertification.org) and CCB will contact you for payment using the telephone number listed within this application.

Credit Card Account Number

Credit Card Expiration Date

Credit Card Billing Zip Code

Cardholder's Name

Cardholder's Signature

5 ACKNOWLEDGMENTS

Please read, and check the boxes below regarding your understanding of CCB examination policies & procedures. All three items below must be checked for CCB to process this application.

☐ I have read the *CHRC Candidate Handbook* and understand the policies and procedures, including (but not limited to), the requirements to sit for this examination, as well as renewal requirements, should I earn this certification.

☐ I have read the "**Code of Ethics for Health Care Compliance Professionals**" found in the *CHRC Candidate Handbook* or online at *hcca-info.org/certification*.

☐ Yes ☐ No Have you been convicted of a felony?

*Signature _____ *Date _____

By signing above, I further attest that all information included on this application and any additional supporting documentation is true and accurate. I acknowledge that if any of the information supplied is shown to be incorrect, I may be subject to prohibition from the examination and/or revocation of certification in accordance with CCB policy. I authorize CCB to conduct a background check at its discretion. **Candidate signature and date must be completed for CCB to process this application.**

6 DESCRIPTIVE INFORMATION

This information is optional and will be used to help CCB evaluate its program.

A. How long have you been in the healthcare compliance field?

- ☐ 1–3 years
- ☐ 3–5 years
- ☐ 5–10 years
- ☐ 10 years or more

B. How many employees are in your organization?

- ☐ Fewer than 20
- ☐ 20–99
- ☐ 100–249
- ☐ 250–499
- ☐ 500–999
- ☐ 1,000–2,499
- ☐ 2,500–4,999
- ☐ 5,000–9,999
- ☐ 10,000–24,999
- ☐ 25,000–49,999
- ☐ 50,000–99,999
- ☐ 100,000 or more

C. What is your total annual company revenue?

- ☐ Less than $20 million
- ☐ $20–$49 million
- ☐ $50–$99 million
- ☐ $100–$249 million
- ☐ $250–$499 million
- ☐ $500–$999 million
- ☐ $1–$2 billion
- ☐ More than $2 billion

D. Do you consider your organization to serve a rural, semi-rural or urban area?

- ☐ Rural
- ☐ Semi-rural
- ☐ Urban

E. Do you belong to any of the following organizations?

- ☐ American Health Information Management Association (AHIMA)
- ☐ American Health Lawyers Association (AHLA)
- ☐ Medical Group Management Association (MGMA)
- ☐ Healthcare Financial Management Association (HFMA)
- ☐ American Academy of Professional Coders (AAPC)
- ☐ Other _____

F. Gender

- ☐ Male
- ☐ Female