

CHPC Exam Application



Complete this application to apply for the Certified in Healthcare Privacy Compliance (CHPC[®]) exam. CCB certification staff 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 the candidate's eligibility period.

Complete the online application at hcca-info.org/apply-exam or return completed form and fees to:

mail: Compliance Certification Board, 6462 City West Parkway, Eden Prairie, MN 55344 USA

fax: +1 952.988.0146 | **email:** ccb@compliancecertification.org | **phone:** +1 952.933.4977 or 888.580.8373

Questions: Contact CCB using the information above.

Applications submitted without sections 1-6 completed will not be accepted.

1 EXAM FORMAT/LOCATION

Select the format/location you will be taking the exam.

- HCCA Conference**
 (In-person Paper and Pencil)
- PSI Test Center**
 (In-person Computer-based)
- PSI Remote Proctored Test**
 (Online)

2 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 *Email (confirmations will be sent to this address)

**DENOTES REQUIRED FIELD*

3 WORK EXPERIENCE

Select the classification that best describes your professional experience. CCB staff is unable to determine this for you. See the *CHPC Candidate Handbook* for more information on determining your work experience classification. 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" located in the *CHPC Candidate Handbook*.
- Student:** Has successfully completed a certificate program from a CCB-accredited university program (complete listing found at hcca-info.org/university-program) 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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4 CONTINUING EDUCATION

To apply for this exam, you must submit documentation of 20 CCB continuing education units (CEUs) earned within the 12-month period preceding the exam date, of which 10 must come from live training events. Select the option that best describes how you meet or will meet the continuing education requirement for certification.

- I will be earning the 20 CCB CEUs at the SCCE or HCCA Conference listed here:**
Complete and submit the Application for Continuing Education Units (CEUs) to obtain CCB CEUs following your conference attendance.
- I have 20 CCB CEUs on file in my SCCE/HCCA account earned within the 12-month period preceding my anticipated exam date.**
- I have completed a CCB-accredited university program within the 12-month period preceding my anticipated exam date.** *Attach the required certificate or letter of completion given by your CCB accredited university.*

All continuing education submissions are subject to audit per CCB policy. CEUs earned prior to the exam date are considered redeemed upon passing and cannot be used towards your first renewal period even if CEUs are in excess of the 20 CEUs required to apply for the exam.

5 FEES

Applications will not be processed until payment has been received.

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.

No refunds will be issued to eligible candidates who need to cancel an exam or fail to schedule their exam by their eligibility end date. You must notify CCB at least five business days prior to the scheduled test date if you are unable to attend your scheduled exam. If you fail to give five business days notice, or if you need to reschedule the exam more than once, a rescheduling fee will be imposed.

CHPC EXAM APPLICATION FEE

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

PAYMENT

Online application at hcca-info.org/apply-exam

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

Fax to: +1 952.988.0146

Mail to CCB, 6462 City West Parkway, Eden Prairie, MN 55344 USA

- Check enclosed
 Credit card: I authorize CCB to charge my credit card below
 Visa MasterCard Discover American Express

Credit Card Account Number

Credit Card Expiration Date

Credit Card Billing Zip Code

Cardholder's Name

Cardholder's Signature

6 ACKNOWLEDGMENTS

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

- I have read the *CHPC Candidate Handbook* and understand the policies and procedures, including (but not limited to), the requirements to sit for this exam, 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 *CHPC Candidate Handbook* or online at hcca-info.org/certification.
- I have read and understand the policies, procedures and system requirements specifically related to the exam format/location (PSI Test Center, PSI Remote Proctored Test, or SCCE/HCCA Conference) found online at hcca-info.org/exam-information.
- 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 exam 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.**

7 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