



Professional Association of Healthcare Coding Specialists

Certified Coding Specialists
Membership and/or Examination Application

NOTE: To qualify to take the exam you must be a PAHCS member and have at least two years of verifiable coding experience and be in the Healthcare industry.

Name _____ Professional Title(s) _____

Email address _____

Practice Name _____

Practice Address _____

Practice City/State/Zip _____

Practice phone _____ Practice Fax _____

Home address _____ Home phone _____

Home City/State/Zip _____

CHECK ONE: Please mail PAHCS material to: Practice address Home address

Education completed: __High school __Associate degree __Bachelor degree __Master degree __Other

Number of doctors at the practice _____ Specialty you are coding _____

I certify I am not sanctioned by the Office of Inspector General or on an Exclusions List under this or any other name.

Signature _____ Date _____

Application for the PAHCS Certification Exam: (completely fill out this section)

I am applying to take the Specialty Certification Exam for _____
(specialty)

Location of exam _____ Date of exam _____

Professional reference #1 _____ Contact information _____

Professional reference #2 _____ Contact information _____

PAYMENT INFORMATION:

I ONLY want to become a PAHCS member a this time, please charge \$120 ONLY

I am already a PAHCS member. ONLY charge me the examination fee of \$250

I want to become a member and also register for the exam. I will pay \$350 for both

____Check (Make payable to PAHCS) __ Visa __ MasterCard __ American Express

Credit card number _____ Expiration date _____

Print name of card holder _____

address of card holder if not listed above _____

PAHCS Office use only:

Approved Disapproved

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Visit our Web Site at <http://www.pahcs.org> • E-mail: pahcs@pahcs.org