



Professional Association of Healthcare Coding Specialists
Membership & RECIPROCAL CERTIFICATION APPLICATION

Personal information

Name
Certifications held
Address
City/State/Zip
Phone
Email
Specialty

Business information

Name
Address
City/State/Zip
Phone FAX
Send materials to my: HOME Business

Our affiliation with the American Gastroenterological Association (AGA) Institute, and others ensures PAHCS credentials are among the strongest in the nation.

I am certified with another association and would like a:

- PAHCS CMCS certification
PAHCS CPOM Certification

I want to join PAHCS. I will honor the PAHCS pledge by promoting the professionalism of PAHCS through the pursuit of excellence in healthcare coding. I certify I am not sanctioned by the Office of the Inspector General or on their Exclusion List under any name.

SIGNED Date

Enclosed is \$170 (\$120 membership and \$50 matriculation fee) and a copy of my current credentials for PAHCS review. If this application is not accepted fees will be refunded

Type: VISA / Discover / AMEX / Mastercard

Credit Card no. Exp / 3 digit card code

Name on Credit card

Address for card

I will mail my check to: PAHCS, 218 E Bearss Ave #354, Tampa, FL 33613