



Home Care Association of New Jersey

EXAM REGISTRATION FORM

HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) **Certification examination September, 15 2010 in Iselin, NJ**

_____ I am a Home Care Association of New Jersey member. My registration fee is **\$229.00**

_____ I am not a Home Care Association of New Jersey member. The standard registration fee is **\$249.00**

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) **Recertification examination on September, 15 2010 in Iselin, NJ** (Open to existing HCS-D credential holders due for recertification)

_____ The standard registration fee is **\$129.00**
(Discount not available for Home Care Association of New Jersey members)

I want to take the HCS-D exam **ONLINE** at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at: www.medicalspecialtycoding.com.*

CANDIDATE INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

PAYMENT INFORMATION

Credit Card VISA MC AMEX

Card #: _____ Expiration _____

Cardholder: _____ Signature _____

Check enclosed Payable to Registrar, BMSC (TIN 52-2205881)

Fax (301) 287-2914 ▪ Call (800) 897-4509
▪ Mail BMSC, 9737 Washingtonian Blvd., Ste 100, Gaithersburg, MD 20878-7364

www.medicalspecialtycoding.com

Conference Code: NJ091510