

Technical Exams Application Form (CPAT, CCAT, CCT)

Date: _____ Name: _____
Print name as it should appear on certificate. (First, MI, Last)

Employer's Name: _____
Please be sure to include your company/hospital name.

Home or Work

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Email: _____
**Email is required to process application.*

Local Chapter Name: _____

Please list your last two employers:

1. Your Current Title: _____

Business Dates of Employment: _____

Address: _____

2. Your Title: _____

Business Dates of Employment: _____

Address: _____

Please note:

The dual certification exam is only available to current CPATs or CCATs.

Select exam:

- CPAT (Hospital)
- CPAT Dual Certification (Hospital)
(for current CCAT Certified Examinee)
- CCAT (Clinic)
- CCAT Dual Certification (Clinic)
(for current CPAT Certified Examinee)
- CCT Stand-alone
- CCT add-on to CPAT or CCAT

Preferred exam month:

- February May August November

If this is a retake, when did you originally sit for the exam?
_____ (month/year)

Please note:

If it has been more than 12 months since you originally sat for the CPAT/CCAT exam, you must retake the entire exam.

If this is a retake of CPAT/CCAT, which section are you taking?

SECTION:

- 1 (Patient Access) 2 (Billing) 3 (Credit & Collections)

If you are applying for Dual Certification, when did you originally become a CPAT or CCAT? _____ (month/year)

SUBMITTING YOUR APPLICATION:

Mail application with check or money order to:

AAHAM National Office
11240 Waples Mill Road, Suite 200
Fairfax, VA 22030

Fax: 703-359-7562

CPAT/CCAT FEES: \$125.00 for the full exam
\$50.00 for each section retake
\$80.00 for the dual certification exam

CCT FEES: \$50.00 for the full exam

Make checks payable to: AAHAM - Tax ID#23-1899873

Payment by Visa, MasterCard or Amex is accepted online at: www.aaham.org

For Credit Card Payment: AMEX VISA MASTERCARD

Account Number: _____

Name: as it appears on card _____

Signature: _____ Ex. Date: _____

Billing Zip Code: _____

Application fees are non-transferable and non-refundable. There are no postponements allowed.

DEADLINE: Your application must be received by the AAHAM National Office by:

- March 1** for the May exams
- June 1** for the August exams
- September 1** for the November exams
- December 1** for the February exams

You will receive a confirmation email from the AAHAM National Office indicating your application's acceptance. You will be contacted by your Chapter Certification Chair regarding the time, date and location of your exam. The information to download your study guide will be emailed to you 6-7 weeks prior to the exam period.

QUESTIONS? Call the National Office at 703-281-4043, ext. 211

Please keep a copy of this application for your records.

I hereby declare that the statements contained in this application are true and correct to the best of my knowledge.

Signature of Applicant