

Application for Recertification PHYSICIAN SPECIALTIES

Candidate Information			Date:				
Candidate ID					Date		
Name							
Company Name							
Street Address							
City			State Zip				
Email address (required)			Telephone Number				
Select the Credential You Are Recertifying: Anesthesia Certification Advanced Coding Specialist - Anesthesia (ACS-AN) — \$229 Specialty Coding Professional - Anesthesia (SCP-AN) — \$149 Cardiology Certification Advanced Coding Specialist - Cardiology (ACS-CA) — \$229			Orthopedic Certification ☐ Advanced Coding Specialist - Orthopedics (ACS-OR) — \$229 ☐ Specialty Coding Professional - Orthopedics (SCP-OR) — \$149 Pain Management ☐ Advanced Coding Specialist - Pain Management (ACS-PM) — \$229 ☐ Specialty Coding Professional - Pain Management (SCP-PM)— \$149				
 □ Specialty Coding Professional - Cardiology (SCP-CA) — \$149 Compliance Certification □ Certified Compliance Professional - Physician Practice (CCP-P) — \$149 			Radiology Certification ☐ Advanced Coding Specialist - Radiology (ACS-RA) — \$229 ☐ Specialty Coding Professional - Radiology (SCP-RA)— \$149				
Evaluation and Manager Advanced Coding Sp Evaluation and Mana CEU Tracker	=		☐ Adv	Certification anced Coding Specia cialty Coding Professi	9, 1	,	
Date Name of Train	ning	Training Format		Provider Name	CEUs Earned	Pre-approved (Y/N)	
	0511	0511					
*If you need more lines to trace Payment Information	-	your CEUs on anot	ner page an	d submit them with this I	Recertification Applica	tion.	
□ Check Enclosed for							
☐ Charge My Credit C							
	n card)						
Card Number							
□ Bill Me							
Please use one of t MAIL completed form Call toll-free to pay	n with payment to: BMSC	0 9737 Washing		d., Ste. 200 Gaither	rsburg, MD 20878-7	7364	