

Candidate Information

Date: _____

Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Email address (required) _____ Telephone Number _____

Select Exam:

Anesthesia Certification Examination

- Advanced Coding Specialist - Anesthesia (ACS-AN) — \$325
- Specialty Coding Professional - Anesthesia (SCP-AN) — \$249

Cardiology Certification Examination

- Advanced Coding Specialist - Cardiology (ACS-CA) — \$325
- Specialty Coding Professional - Cardiology (SCP-CA) — \$249

Compliance Certification Examination

- Certified Compliance Professional - Physician Practice (CCP-P) — \$249

Evaluation and Management Auditing Certification Examination

- Advanced Coding Specialist - Evaluation and Management Auditing (ACS-EM) — \$325

Orthopedic Certification Examination

- Advanced Coding Specialist - Orthopedics (ACS-OR) — \$325
- Specialty Coding Professional - Orthopedics (SCP-OR) — \$249

Pain Management Examination

- Advanced Coding Specialist - Pain Management (ACS-PM) — \$325
- Specialty Coding Professional - Pain Management (SCP-PM) — \$249

Radiology Certification Examination

- Advanced Coding Specialist - Radiology (ACS-RA) — \$325
- Specialty Coding Professional - Radiology (SCP-RA) — \$249

Urology Certification Examination

- Advanced Coding Specialist - Urology (ACS-UR) — \$325
- Specialty Coding Professional - Urology (SCP-UR) — \$249

Note: Once your payment has been processed, you have 30 days to schedule and take your examination at a PSI testing center. If you don't attempt your examination within the 30 days, you will need to pay the full examination registration fee in order to test.

Testing Method

By using this form, you are electing to take your certification examination at a PSI computer-based testing center. You can schedule your examination directly with PSI within 24 hours of your examination registration fees being processed. An email will be sent to you with instructions on scheduling your exam with PSI.

If you wish to take your examination at a live, in-person event, you must complete the registration form associated with that event, and not this form. You will find the form you need on the conference website for that event or on the Events page of the BMSC website.

Payment Information

Check Enclosed for \$ _____

Charge My Credit Card Below for \$ _____

Name (as it appears on card) _____

Card Number _____ Exp. Date (mm/yyyy) _____ Verification Code _____

Signature _____

Bill Me*

(If you select the Bill me option, an invoice will be generated and emailed to the email address you've indicated in the fields above. You will not receive confirmation to schedule your examination at a PSI testing center until your examination registration fee is paid.)

Please use one of the 3 payment options listed below

1. **MAIL** completed form with payment to:
BMSC | 9737 Washingtonian Blvd., Ste. 200 | Gaithersburg, MD 20878-7364
2. **CALL** toll-free to pay by credit card: 1-855-CALL-DH1 (1-855-225-5341)
3. **FAX** completed page with credit card info to: 1-301-287-2535