

### Candidate Information

Date: \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address (required) \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Select the Credential You Are Recertifying:

<b>Anesthesia Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Anesthesia (ACS-AN) — \$229 <input type="checkbox"/> Specialty Coding Professional - Anesthesia (SCP-AN) — \$149	<b>OBGYN Certification:</b> <input type="checkbox"/> Specialty Coding Professional - OBGYN (SCP-OB) — \$149
<b>Cardiology Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Cardiology (ACS-CA) — \$229 <input type="checkbox"/> Specialty Coding Professional - Cardiology (SCP-CA) — \$149	<b>Orthopedic Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Orthopedics (ACS-OR) — \$229 <input type="checkbox"/> Specialty Coding Professional - Orthopedics (SCP-OR) — \$149
<b>Compliance Certification:</b> <input type="checkbox"/> Certified Compliance Professional - Physician Practice (CCP-P) — \$149	<b>Pain Management:</b> <input type="checkbox"/> Advanced Coding Specialist - Pain Management (ACS-PM) — \$229 <input type="checkbox"/> Specialty Coding Professional - Pain Management (SCP-PM) — \$149
<b>Evaluation and Management Auditing Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Evaluation and Management Auditing (ACS-EM) — \$229	<b>Radiology Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Radiology (ACS-RA) — \$229 <input type="checkbox"/> Specialty Coding Professional - Radiology (SCP-RA) — \$149
<b>Gastroenterology Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Gastroenterology (ACS-GI) — \$229	<b>Urology Certification:</b> <input type="checkbox"/> Advanced Coding Specialist - Urology (ACS-UR) — \$229 <input type="checkbox"/> Specialty Coding Professional - Urology (SCP-UR) — \$149

### CEU Tracker

Date	Name of Training	Training Format	Provider Name	CEUs Earned	Pre-approved (Y/N)

\*If you need more lines to track your CEUs, you can track your CEUs on another page and submit them with this Recertification Application.

### Payment Information

Check Enclosed for \$ \_\_\_\_\_

Pay by Credit Card by calling customer service at 1-855-225-5341. You can pay over the phone with a representative.

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. Your certification will not be recertified until the recertification fee is paid).

### Please use one of the 3 payment options listed below

- MAIL** completed form with payment to: BMSC | PO Box 5094 | Brentwood, TN 37024-5094
- CALL** toll-free to pay by credit card: 1-855-CALL-DH1 (1-855-225-5341)
- FAX** completed page to: 800-785-9212