INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

CERTIFIED MEDICAL COST PROJECTION SPECIALIST (CMCPS) APPLICATION CHECKLIST

Please use the following form to assist with your application for the **CMCPS** credential. Copies of the following must be included with your application. Please note that these will not be returned to you.

- ☐ Fully Completed Application
- ☐ Copy of diploma
- ☐ Copy of certificate from completed training course.
- ☐ Curricula Vitae or Resume'
- ☐ Copy of your sample medical cost projection that was submitted for peer review
- ☐ Copy of the peer reviewed critique of your sample medical cost projection
- ☐ Copy of credential certificate or license
- ☐ Test Fee of $445 payable to **ICHCC**

Applications may be <u>faxed, mailed, or emailed</u> to:

ICHCC
13801 Village Mill Drive, Suite 103
Midlothian, VA 23114
Office (804) 378-7273
Fax: (804) 378-7267
Email: ichcc1@gmail.com

Credit card payments may be processed online at ichcc.org. If paying online, choose the shopping cart icon in the top right hand corner of the page.

Payments outside of the US must be by credit card.

INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION

APPLICATION FOR CERTIFICATION
Certified Medical Cost Projection Specialist
(CMCPS)

INSTRUCTIONS Date: _____

Print and complete all items that apply to you. Make sure all documents are submitted with your application. Please note that these items will not be returned to you.

Please write clearly and legibly

APPLICANT INFORMATION

Name_____

Address _____

City _____State _____ Zip_____

Phone _____Email_____

Mailing Address (if different from above):

Address _____

City _____State _____ Zip _____

EDUCATION INFORMATION

Please attach a copy of your educational degree(s) and any other certification or credential you wish to have recognized by the Commission.

College/University Degree Awarded

Bachelor's _____

Master's _____

Doctoral _____

Nursing _____

____ Diploma-RN ___ Associates-RN ___ BSN-RN ___ MSN-RN

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ADDITIONAL CERTIFICATIONS

Please use the following space below for additional certifications or credentials awarded. A copy of the credential must be attached.

Designation	Acronym	Expiration Date

EMPLOYMENT HISTORY

Please list by most recent. Include only the past five years of employment. Attach additional information if necessary.

Current Professional Title_____

Employer Name_____

Address _____

City _____State _____ Zip_____

Phone _____ Time Employed _____

Professional Title _____

Employer Name_____

Address _____

City _____State _____ Zip _____

Phone _____ Time Employed _____

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ICHCC Approved CMCPS Training Program Attended:

The Certificate of Completion from your **ICHCC** approved **CMCPS** training program must be attached. **CLCP**s and **CCLCP**s must only attach the Certificate of Completion for Module 7 and the peer review of their medical cost projection.

ICHCC approved **CMCPS** Training Program Attended: _____

TESTING INFORMATION: Please allow a minimum of 5 business days to process your application.

Pro✓

Our online administration of the examination is proctored by Pro✓ Exams. Once your application is approved, the **ICHCC** will email you your Candidate ID Number, an Exam Voucher containing exam instructions as well as contact information for Pro✓ Exams. The Exam Voucher will be sent from the email address, "no reply at Prov Exams." as well as a copy will be emailed to you from the **ICHCC.**

After you receive your Candidate ID Number and Exam Voucher, you will then contact Pro✓ Exams directly to choose the date and time for your **CMCPS** examination. The exam can be scheduled Monday through Sunday at most any time of the day or evening. Pro✓ will also assign you a proctor. The examination is taken on your home or office computer and you will know almost immediately if you have passed the examination.

EXAM FEES

- **Certified Medical Cost Projection Specialist Examination Fee**: $445
- **Prov Exams will charge a fee for proctoring your examination. You will pay them directly.**

Payments by check or money order should be made payable to ICHCC. Credit card payments may be processed online at ichcc.org and by choosing the shopping cart icon in the top right hand corner of the page and then choosing CMCPS products.

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DISCLAIMER AND SIGNATURE

I HEREBY CERTIFY that the facts set forth in this application for the **Certified Medical Cost Projection Specialist** credential are true and complete to the best of my knowledge. I understand that if I am certified, false statements on this application shall be considered sufficient cause for dismissal and revocation of my credential. I authorize the **International Commission on Health Care Certification** to provide validation to any organization on my certification status upon request.

The **ICHCC™** Administration may, upon review of supporting documentation, approve professional experience and education not specifically identified under qualifications. Final acceptance and approval of all certification applications will be the decision of the **ICHCC™** Administration and will not be eligible for appeal.

I have read and fully understand the contents of this handbook and will abide by the standards and guidelines set forth by the Commission.

_____ _____

Signature Date

_____

Printed

<u>Below, please print your name and credentials exactly as you want them to appear on your CMCPS certificate:</u>

_____

Certificant's Name and/or Certificant's Name and Credentials

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OPTIONAL:

The following is not required, however, your assistance in answering these questions will assist with the research and statistical analysis associated with the CMCPS certification.

Number of years since acquired degree: ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 15-19 ☐ 20-25 ☐ 26+

Number of years employed in the Healthcare Field: ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 15-19 ☐ 20-25 ☐ 26+

Number of years employed in the Insurance Field: ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 15-19 ☐ 20-25 ☐ 26+

Number of years employed in the Legal Field: ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 15-19 ☐ 20-25 ☐ 26+

Age ☐ under 25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐41-45

☐46-50 ☐ 51-55 ☐ 56-60 ☐ 61+

Gender ☐ Female ☐ Male

Ethnicity ☐ African American ☐ Asian ☐ Hispanic

☐ Native American ☐ White ☐ Other