



MEDICARE SET-ASIDE CERTIFIED CONSULTANT (MSCC) APPLICATION CHECKLIST

Please use the following form to assist with your application for the MSCC 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(s)
- Curricula Vitae
- Copy of MSA Work Sample
- Copy of the peer review critique of your MSA worksample
- Test Fee of \$495 payable to ICHCC

Applications may be faxed, mailed, or emailed 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 corner of the page.



APPLICATION FOR CERTIFICATION Medicare Set-Aside Certified Consultant

INSTRUCTIONS

Date: _____

- Print and complete all items that apply to you. Please DO NOT STAPLE. Make sure all documents are submitted with your application. Please note that these items will not be returned to you.
- Allow 5 business days to process your MSCC application
- 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	



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

APPROVED MSCC TRAINING INFORMATION

A minimum of 30 hours is required to satisfy this section of the application. A copy of your certificate of completion must be attached for each documented training program/course relating to MSA. Certification must be obtained within five years from graduation date.

30 hour MSCC Program Attended: _____

Completion 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 _____

Professional Title _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Time Employed _____

TESTING INFORMATION



Our online administration of the examination is proctored by ExamPro✓. Once your MSCC application is approved you will be sent an application approval letter from the ICHCC as well as an Exam Voucher from nonreply@provexams.com. Your Exam Voucher will contain your Candidate ID number contact information for Pro✓ exams, as well as additional information on the MSCC examination. When you receive your Exam Voucher, you may call Pro✓ to schedule your MSCC exam date and time. Prov Exams will charge you a \$30 proctoring fee.

Requested Exam Date _____

EXAM FEES

Medicare Set-Aside Certified Consultant Examination Fee: \$495

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

