



Selman-Holman Associates
EXAM REGISTRATION FORM
HOME CARE CODING SPECIALIST (HCS-D)

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination at Grapevine, TX on August 20, 2010.

_____ The Registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination at Grapevine, TX on August 20, 2010.
(Open to HCS-D credential holders due for recertification)

_____ The Registration fee is \$129.00

I want to take the HCS-D exam **ONLINE** at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at:* www.medicalspecialtycoding.com.

CANDIDATE INFORMATION

(Please Note: Exam results will be sent to the address provided.)

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

PAYMENT INFORMATION

Credit Card VISA MC AMEX

Card #: _____ Expiration _____

Cardholder: _____ Signature _____

Check enclosed Payable to Registrar, BMSC (TIN 52-2205881)

Fax (301) 287-2914 ▪ Call (800) 897-4509 ▪
Mail BMSC Attn Registrar, 9737 Washingtonian Blvd, Ste 100 Gaithersburg, MD 20878-7364