



Proctor Nomination Form

I, _____, a candidate for:

- Specialty Coding Professional (SCP) _____ (specialty)
- SCP Recertification _____ (specialty)
- Advanced Coding Specialist (ACS) _____ (specialty)
- ACS Recertification _____ (specialty)
- Homecare Coding Specialist – Diagnosis (HCS-D)
- HCS Recertification
- Certified Compliance Professional – Physician (CCP-P)
- CCP-P Recertification

hereby nominate the following individual to serve as proctor for my qualification examination, which I will take online:

▶ Required Fields (PLEASE PRINT OR TYPE)

▶ Name _____ Credentials _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ Zip _____
 ▶ Phone () _____ Fax () _____
 ▶ Email _____
 ▶ Relationship of proctor to Candidate _____

I hereby certify that the proctor I have nominated:

- Is NOT a relative by blood or marriage
- Is NOT a direct or indirect employee of the candidate
- Is NOT compensated in any way for fulfilling the duties of proctor

I hereby certify that the proctor I have nominated is aware of my request and has agreed to adhere to the testing protocol as outlined in the **Individual Proctoring Protocol Process Overview**.

▶ _____ ▶ _____
 Candidate Signature Date

() _____ ext. _____
 Candidate Phone Candidate Email

Mail or Fax completed form to:
 Board of Medical Specialty Coding (Attn: Registrar)
 Two Washingtonian Center
 9737 Washingtonian Blvd., Ste 100
 Gaithersburg, MD 20878-7364
 Fax: (301) 287-2914