

Certified Medical Manager (CMM) Exam Application

Professional Association of Health Care Office Management



GENERAL INFO

Name: _____ Member #: _____

Phone: _____ Fax: _____

E-mail: _____

REQUIRED EXPERIENCE* & EDUCATION**

* Three years experience in the health care field.

** Twelve (12) formal college credit hours pertinent to business management. Additional experience may be substituted.

I am currently actively employed in a health care position.

YES NO

Number of years experience in the health care field _____.

If you have not been employed by the above organization for the past three years, provide your previous employer's name and phone number.

Name and phone # of two professional references:

1 _____ 2 _____

What professional designations do you hold? _____

List the professional organizations of which you are a member: _____

Name of School:	Course Name:	# Hours:	Grade:	Date Completed:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TESTING VENUE

Official On-Line Testing Site (225 locations) PAHCOM Chapter: _____ PAHCOM Annual Conference

Exam Date not required on this form but keep in mind your registration expires in 1 year.

Exam Date: _____

METHOD OF PAYMENT

Payment amount – \$385.00

Please make checks payable to PAHCOM

Credit Card #: _____ Exp Date: _____ Card Code: _____

Cardholder's Name: _____ Signature: _____ Date: _____