



ICD-10 Trainer Certification Exam(s) Registration

Call 330-241-5635 with any questions about registration

ENROLLMENT DATE: ____/____/2012

Trainer Certification Exam: proctored at a location of your choice

- \$125 Online ICD-10-CM Trainer Certification Exam
- \$125 Online ICD-10-PCS Trainer Certification Exam

Print Name _____ Employer _____ Is Employer paying for this? Yes No

Provide 2 dates M-F 9am - 1pm EST start times for ICD10 Trainer Certification Exam if Applicable

ICD10CM Certification Date: _____/Preferred Start Time: _____ Date: _____/Preferred Start Time: _____

ICD10PCS Certification Date: _____/Preferred Start Time: _____ Date: _____/Preferred Start Time: _____

Email Address (required for confirmation of enrollment)

Work Phone/Ext. _____

Cell Phone _____

Charge My Credit Card: VISA MasterCard Discover American Express Fax To: 330-952-0716

Card #: _____ Security Code _____

Exp. Date: _____

Credit Card Billing Address: _____

PRINT Name as it appears on the card: _____

Authorized Signature & Date: _____

Amount Due: _____

Please make checks payable to: AIHC

Mail to: American Institute of Healthcare Compliance

445 W. Liberty Street, Suite 100 Medina, OH 44256

Or Fax registration to: 330-952-0716

If you have any questions, or to register by telephone with a credit card, please call 330-241-5635

Please visit our website at www.aihc-assn.org for more information about our company.

Inquiries should be made to info@aihc-assn.org