



RADIOLOGY CODING
CERTIFICATION BOARD

Radiology Coding Certification
EXAMINATION APPLICATION FORM

REVISED: OCTOBER 2015

Radiology Coding Certification Board
10300 Eaton Place, Suite 460, Fairfax, VA 22030
Toll Free 866.227.7222 • Fax 703.621.3356
www.rccb.org • info@rccb.org



APPLICATION

Before completing this form, please read the Candidate Bulletin of Information. Please print or type all information. Information is subject to verification. Please complete entire application. Incomplete applications will be returned.

The box below must be completed.

You are eligible to register for the test if you meet one of the following minimum requirements (please check one) **AND** you have not been excluded from participation in or sanctioned by the Medicare or Medicaid programs, convicted of, or pled guilty or nolo contendere to, a criminal offense involving state or federal health care laws:

- High school diploma or equivalency and one year, full-time radiology coding experience.
- Two years, full-time radiology coding experience.
- Equivalent experience – please attach explanation.

Date _____ / _____ / _____

1) Name _____
Last First Middle

2) Home Street Address _____
City/State/Zip _____

3) Home Telephone (_____) _____

4) Home Email Address _____

5) Full Name of Employer _____

6) Office Street Address _____
City/State/Zip _____

7) Office Telephone (_____) _____ ext. _____

8) Office Fax (_____) _____

9) Office Email Address _____

10) Date of Birth _____ / _____ / _____

11) Gender: Male Female

12) Highest Level of Education

	Name of School	City & State	Date of Graduation
Some High School	_____	_____	_____
HS Diploma/GED	_____	_____	_____
Associate Degree	_____	_____	_____
Bachelor Degree	_____	_____	_____
Other _____	_____	_____	_____

APPLICATION

13) Other Licenses & Certifications (please check all that apply)

- Radiologic Technologist (RT)
- Certified Professional Coder (CPC)
- Registered Health Information Technician (RHIT)
- Physician
- Certified Coding Specialist (CCS)
- Registered Nurse (RN)
- Other (please specify) _____
- Licensed Vocational Nurse (LVN)
- Licensed Practical Nurse (LPN)

14) Please indicate your radiology coding experience (subject to verification)

Employer Name	Date of Employment	City/State
_____	_____	_____
_____	_____	_____
_____	_____	_____

15) I am employed by (please check one)

- Billing Service
- Insurance Company
- Hospital
- Physician Group
- Academic Center
- Other _____

16) My primary coding responsibility is in (check all that apply)

- Diagnostic Radiology
- Interventional
- Nuclear Medicine
- Other _____
- Radiology Oncology

17) How much of your current employment is devoted to coding (please check one)

- Less than 25%
- 25 – 50%
- 50-75%
- 75-100%

18) Years of experience in Radiology Coding (please check one)

- less than 1 year
- 4-10 years
- 1-2 years
- 10+ years
- 2-3 years
- 3-4 years

19) Are you or is someone from your practice a member of RBMA or AHRA?

- No
- Yes, myself – Member # (required) _____
- Yes, someone from my practice: Name _____ Member # (required) _____

20) Have you ever been excluded from participation in Medicare or Medicaid or convicted of, or pled guilty or nolo contendere to, a criminal offense involving federal or state health care laws?

- No
- Yes Explain _____

21) How did you hear about RCCB?

- RBMA/RCCB Website
- Industry Meeting
- Colleague
- Other _____
- AHRA
- HBMA
- AAPC
- ACR
- Other _____
- Industry publication
- RBMA Bulletin
- Radiology Management
- Health Information Professional
- AHIMA Coding Guide



APPLICATION

I hereby apply for certification offered by the Radiology Coding Certification Board (RCCB) in accordance with and subject to its rules. I understand that the information gathered in the certification process will be used for statistical purposes and for evaluation of the certification program. I further understand that the RCCB will use its best efforts to keep all information related to this application and the certification process confidential.

To the best of my knowledge, the information contained in this application is true, complete and correct and is made in good faith. I understand that the RCCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my certification, or other disciplinary action.

I, the undersigned applicant, recognize and agree to the following. (If you agree, please check the box next to the item.)

- I have read the Candidate Bulletin of Information and agree to abide by the RCCB standards, policies and procedures.
- I recognize that RCCB reserves the right to change its standards or policies to comply with federally mandated changes or annual CPT or ICD-9 changes.
- I recognize that I must successfully complete the certification examination and meet other prerequisites before I can be considered certified and represent myself as such.
- I recognize that, if certified, RCCB certification does not constitute RCCB endorsement, warranty or guaranty of my competency or fitness to practice in the radiology coding field.
- I recognize that my credential will be Radiology Certified Coder (RCC) and that RCC and RCCB are registered logos and trademarks of the RCCB. I further agree to use such logos and trademarks only in accordance with RCCB policies.
- I agree to inform the RCCB of changes or circumstances that may materially alter this application.
- I agree that, if certified, my name may be included in the published list of RCCB certificants.
- I agree to hold harmless RCCB for liability from verification/inspection of documents or records/investigations, from action taken during the certification process, and from failure to certify me as a Radiology Certified Coder.
- Due to the confidential nature of the exam, I agree that I will not copy or retain test questions or transmit them in any form to any other person or organization. I also understand that taking notes, copying all or any portion of the exam, or otherwise transmitting exam questions may invalidate my test scores or cause my certification to be revoked. I also agree to release the RCCB from any liability related to the examination, administration process or my failure to successfully complete the certification examination. The theft or attempted theft of the test, or the copying or disclosure of test questions, is punishable by law.

Signature _____ Date _____

Test Date: May 9-13, 2016 July 18-22, 2016 Sept. 12-16, 2016 Nov. 14-18, 2016

Test Location: Please visit www.comiratesting.com/html/microtek.html for a list of test sites currently available.

Due to reasons beyond RCCB and Comira's control, a testing site listed may not be available at the time you make your reservation. Alternate testing sites will be offered.

This is my first retake.



APPLICATION

Application deadlines can be found on the RCCB website, www.rccb.org

APPLICATION FEES:

- \$485. . . . Employee of RBMA or AHRA membership practice
- \$535. . . . Not Employed by RBMA or AHRA membership practice

RETAKE FEES:

- \$290* . . . Employee of RBMA or AHRA membership practice
- \$320* . . . Not employed by RBMA or AHRA membership practice

**Only one (1) discounted retake is permitted. After one (1) discounted retake, full exam fees will be required for any further retakes.*

Payment Method: Checks must be payable to Radiology Coding Certification Board or RCCB.

- Company Check _____ (Check #)
- Certified Check _____ (Check #)
- Money Order _____ (Money Order #)
- Charge to my credit card: Visa Mastercard American Express
- Card # _____ Expiration Date _____
- Amount: \$ _____ Cardholder Name _____
- Signature of Cardholder _____

Please return completed application with payment to:

**RCCB, 10300 Eaton Place, Suite 460, Fairfax, VA 22030
866.227.7222 • Fax 703.621.3356**

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