

# 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: \_\_\_\_\_

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: \_\_\_\_\_