



Healthcare Accreditation Certification Program

Center for Improvement in Healthcare Quality

2012 Recertification by Examination Application Form

This form is only for current HACP Professionals who wish to recertify by re-taking the HACP Examination

Name (Last, First, M.I.) _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Name of Organization (must be entered if applying MAC Member discount) _____ HACP Certification Number _____

- I wish to take the examination on-line
- Standard Fee \$175.00 (credit card payments add \$4.40 processing fee)
- I would like to purchase the official 2012 HACP Study Guide & Practice Exam
- Electronic PDF File: \$ 75.00 (credit card payments add \$1.90 processing fee)
- Hard Copy: \$ 95.00 (credit card payments add \$2.40 processing fee) (includes S&H)

Payment Type (Check one box only)

- Check enclosed (make check payable to: Center for Improvement in Healthcare Quality)
- Pay by credit card

Type: (check one only) _____ Visa _____ MasterCard _____ American Express

Number: _____ Expires: _____

Name on Card: _____ Card Security Code: _____

3 digit number on back of card / 4 digit on front for AMEX

Billing Address / City / St. / Zip: _____
(If different from address above)

Signature as it Appears on Card _____ Date _____

Mail Completed Application & Payment

CIHQ-HACP
P.O. Box 6206
Santa Maria, CA 93456-6206

Fax Application & Credit Card Payment: (805) 934-8588
(Application will fax directly to a secure location)

<p>Note:</p> <ul style="list-style-type: none"> • Payment in full must accompany the application. • Incomplete applications will not be accepted. • Application fees are non-refundable • Keep a copy of this application for your records • You will be notified by email when your application has been accepted and processed
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