



**Healthcare Accreditation Certification Program**  
**Center for Improvement in Healthcare Quality**

**2012 Initial On-Line Examination Application Form**

Do not use this form if you are a current HACP Professional who needs to recertify. Use the recertification application form instead

Name (Last, First, M.I.) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of Organization (must be entered if applying MAC Member discount) \_\_\_\_\_

Title \_\_\_\_\_

**SELECT APPROPRIATE CHOICE**

**THIS IS THE FIRST TIME I AM TAKING THE INITIAL EXAMINATION ON-LINE**

Choose One Only

- Standard Fee \$245.00 (credit card add \$6.15 processing fee)
- CIHQ Member Organization Discount \$195.00 (credit card add \$4.90 processing fee)  
 Visit [www.cihq-hacp.org](http://www.cihq-hacp.org) to determine if your organization is a member
- Other Discount (Enter Type of Discount) \_\_\_\_\_ \$195.00 (credit card add 4.90 processing fee)

**I WOULD LIKE TO RE-TAKE THE INITIAL EXAMINATION ON-LINE**

- Standard Fee \$125.00 credit card add \$3.15 processing fee)

**ADDITIONAL OPTION**

I would like to purchase the official 2012 HACP Study Guide & Practice Exam

- Electronic PDF File: \$75.00 (credit card add \$1.90 processing fee)
- Hard Copy: \$95.00 (includes S&H) (credit card add \$2.40 processing fee)

Payment Type (Check one box only)

**Total Amount Paid:** \_\_\_\_\_

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

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

**Note:**

- 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