

Candidate Information

Date: _____

Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Email address (required) _____ Telephone Number _____

Select the Credential You Are Recertifying:

Anesthesia Certification: <input type="checkbox"/> Advanced Coding Specialist - Anesthesia (ACS-AN) — \$229 <input type="checkbox"/> Specialty Coding Professional - Anesthesia (SCP-AN) — \$149	OBGYN Certification: <input type="checkbox"/> Specialty Coding Professional - OBGYN (SCP-OB) — \$149
Cardiology Certification: <input type="checkbox"/> Advanced Coding Specialist - Cardiology (ACS-CA) — \$229 <input type="checkbox"/> Specialty Coding Professional - Cardiology (SCP-CA) — \$149	Orthopedic Certification: <input type="checkbox"/> Advanced Coding Specialist - Orthopedics (ACS-OR) — \$229 <input type="checkbox"/> Specialty Coding Professional - Orthopedics (SCP-OR) — \$149
Compliance Certification: <input type="checkbox"/> Certified Compliance Professional - Physician Practice (CCP-P) — \$149	Pain Management: <input type="checkbox"/> Advanced Coding Specialist - Pain Management (ACS-PM) — \$229 <input type="checkbox"/> Specialty Coding Professional - Pain Management (SCP-PM) — \$149
Evaluation and Management Auditing Certification: <input type="checkbox"/> Advanced Coding Specialist - Evaluation and Management Auditing (ACS-EM) — \$229	Radiology Certification: <input type="checkbox"/> Advanced Coding Specialist - Radiology (ACS-RA) — \$229 <input type="checkbox"/> Specialty Coding Professional - Radiology (SCP-RA) — \$149
Gastroenterology Certification: <input type="checkbox"/> Advanced Coding Specialist - Gastroenterology (ACS-GI) — \$229	Urology Certification: <input type="checkbox"/> Advanced Coding Specialist - Urology (ACS-UR) — \$229 <input type="checkbox"/> Specialty Coding Professional - Urology (SCP-UR) — \$149

CEU Tracker

Date	Name of Training	Training Format	Provider Name	CEUs Earned	Pre-approved (Y/N)

*If you need more lines to track your CEUs, you can track your CEUs on another page and submit them with this Recertification Application.

Submission Information

Please email your completed form to bmscapp@decisionhealth.com. Once your application has been received and reviewed, you will receive an email with instructions for how to submit payment and complete your recertification.