

# Certified Medical Manager (CMM) Exam Application

800-451-9311 • FAX 407-386-7006 • www.pahcom.com • e-mail: cmm@pahcom.COM



Name: \_\_\_\_\_ Member # \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

CHECK ONE: Send examination registration/schedule info to  Business Address  Alternate Address listed below:

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EXPERIENCE REQUIRED** - Three years experience in the health care field.

YES  NO I am currently actively employed in a health care position.

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

**EDUCATION REQUIRED** - Twelve (12) formal college credit hours pertinent to business management.

Additional experience may be substituted.

Name of School	Course Name	# Hours	Grade	Date Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What professional designations do you hold? \_\_\_\_\_

Name and telephone # of two professional references:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

List the professional organizations of which you are a member: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE:** Exam must be taken within one year from date of application approval.

### Select your preferred testing venue:

Official On-Line Testing Site (225 locations)  
Exam Date not required on this form but keep in mind your registration expires in one year.

PAHCOM Chapter  
Chapter Name: \_\_\_\_\_  
Exam Date: \_\_\_\_\_

### PAYMENT INFORMATION (Make checks payable to PAHCOM)

Check  In-Health Vouchers  Credit Card Payment amount - \$ 385.00

MC  Visa  Amex  Discover Digit Code \_\_\_\_\_

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

### PAHCOM OFFICE USE ONLY

Date: \_\_\_\_\_ Approved:  YES  NO

Approved by: \_\_\_\_\_