Certified Medical Manager (CMM)
On-line Practice Exam Application

Name:______________________________ Member #______________________

Name of Practice:______________________________

Business Address:______________________________ City/State/Zip______________________

Business Telephone:______________________________ Business Fax:______________________

CHECK ONE: Send examination registration/schedule infor 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 postion.

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______________________________

____

What professional designations do you hold?______________________________

List the professional organizations of which you are a member:______________________________

____

❑YES ❑NO Chapter Member - Chapter name:______________________ Chapter Office held (if any)______________________

SIGNATURE:______________________________

DATE:______________________________

NOTE: Once this application is approved, you will receive a confirmation letter from the PAHCOM National Office which will include your personal ID number and complete online instructions

PAYMENT INFORMATION (Make checks payable to PAHCOM)

❑Check ❑ In-Health Vouchers ❑Credit Card Payment amount - $ 150.00

❑ 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:______________________

PAHCOM • 3755 Avocado Blvd. Ste. 306 • La Mesa, CA 91941

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