



Healthcare Accreditation Certification Program
Center for Improvement in Healthcare Quality

2010 Initial 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
- CIHQ Member Organization Discount \$195.00
Visit www.cihq-hacp.org to determine if your organization is a member
- Member – CA Association for Healthcare Quality Discount \$195.00

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

- Standard Fee \$125,00

ADDITIONAL OPTION

I would like to purchase the official 2010 HACP Study Guide & Practice Exam

- Electronic PDF File: \$ 75.00
- Hard Copy: \$ 95 00 (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 (check one only)

Total Amount Paid: _____

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