Healthcare Accreditation Certification Program

Center for Improvement in Healthcare Quality

HACP INITIAL ONLINE EXAMINATION APPLICATION FORM

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Nam^K ______________________ Dac^K __________

Tãc¦^K ______________________

Address:Á ______________________

City:Á ______________ Scæc^KÁ ______ Ú[•cæþÁÔ[å^KÁ ______

Phone Number:Á ______________________

Email Address:Á ______________________

Organization: ______________________

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SELECT THE APPROPRIATE CHOICE

THIS IS THE FIRST TIME I'M TAKING THE INITIAL EXAMINATION ON-LINE.

Choose One Only

Standard Fee - $245.00 *Ç&¦^åãoÁ&æ¦åÁæåÁ8.60Á¦[&^••ã*ÁÁ^^DÁ*

CIHQ Member Organization Discount - $ 195.00 *Ç&¦^åãoÁ&æ¦åÁæåÁ6.85Á¦[&^••ã*ÁÁ^^DÁ*

ÁÁÁÁÁOther Discount *ÇÔ}c^¦ÁÁ^]^Á-ÁÖã•&[˘}oDÁ*

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

Standard Fee - $125.00 *Ç&¦^åãoÁ&æ¦åÁæåÁ4.40Á¦[&^••ã*ÁÁ^^DÁ*

ADDITIONAL OPTION - Official HACP Study Guide & Practice Exam

Electronic PDF File - $75.00 *Ç&¦^åãoÁ&æ¦åÁæ{ ^}oÁæåÁ2.65Á¦[&^••ã*ÁÁ^^DÁ*

Hard Copy *(includes shipping and handling)* - $95.00 *Ç&¦^åãoÁ&æ¦åÁæ{ ^}oÁæåÁ3.35Á¦[&^••ã*ÁÁ^^DÁ*

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Visa MasterCard American Express

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CCV Number: ______________ *(3 digit number on back of card / 4 digit number on front of AMEX)*

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City: ______________ State: ______ Postal Code: ______

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Signac˘¦^ *ÇæÁæ•Á]^æ•Á}ÁæåDÁ*

Mail Completed Application & Payment To:

CIHQ-HACP

P.O. Box 6206Á

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(Fax is aÁ^&˘¦^Á[&æã})

- 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

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