

# PROFESSIONAL CPAM and CCAM APPLICATION

Date: \_\_\_\_\_ *Please type or print neatly.*

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

**First, MI, Last – Print name as it should appear on certificate.**

Employer's Name: \_\_\_\_\_

**Please be sure to include your company/hospital name.**

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

National Member ID: \_\_\_\_\_

Local Chapter Name: \_\_\_\_\_

Chapter Certification Coordinator: \_\_\_\_\_

Would you like your facility to be notified if you are awarded a certification?  Yes  No

Name & Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please list your last four employers:**

1. Your Current Title: \_\_\_\_\_

Business Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

2. Your Title: \_\_\_\_\_

Business Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

3. Your Title: \_\_\_\_\_

Business Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

4. Your Title: \_\_\_\_\_

Business Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

The CPAM and CCAM exams are only available to AAHAM members in good standing. Dual certification exam is only available to current CPAMs or CCAMs.

Select exam:

CPAM (Hospital)

CPAM Dual Certification (Hospital) (for current CCAM Certified Examinee)

CCAM (Clinic)

CCAM Dual Certification (Clinic) (for current CPAM Certified Examinee)

Preferred exam date:  Last Saturday of April  
 Last Saturday of September

Are you currently a CPAM or CCAM?  No  Yes

If yes, Certificate Number: \_\_\_\_\_

If this is a retake, when did you originally sit for the exam? \_\_\_\_\_

**Please note: If it has been more than 18 months since you originally sat for the CPAM/CCAM exam, you must retake the entire exam.**

If this is a retake, which section(s) are you taking?

Section:  1  2  3  4

If you are applying for Dual Certification, when did you originally become a CPAM or CCAM?

Last Saturday of April \_\_\_\_\_ (year)

Last Saturday of September \_\_\_\_\_ (year)

Education Credits Being Claimed (if any) Year(s)

*(A candidate claiming credit for education must attach a certified statement of graduation from a college or university, or a transcript of credits if not graduated.)*

## SUBMITTING YOUR APPLICATION:

**Mail application with check or money order to:**

The AAHAM National Office  
11240 Waples Mill Road, Suite 200  
Fairfax, VA 2203

**FEES:** \$175.00 for the full exam  
\$40.00 for each section retake  
\$100.00 for the dual certification exam

**Make checks payable to: AAHAM** - Tax ID#23-1899873

Payment by Visa, MasterCard or Amex is accepted online at:  
[www.aaham.org](http://www.aaham.org)

**Application fees are non-transferable.**

**DEADLINE:** Your application must be received by the AAHAM National Office by:

**March 1** for the April exam

**August 1** for the September exam

You will receive a confirmation letter from the AAHAM National Office indicating your application's acceptance or denial, and a letter from your Chapter Certification Chair indicating the time and location of the exam.

**QUESTIONS?** Call the National Office at 703-281-4043, ext. 201.

**Please keep a copy of this application for your records.**

I hereby declare that the statements contained in this application are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant