

# TECHNICAL CPAT, CCAT and CCT APPLICATION

*Please type or print neatly.*

Date: \_\_\_\_\_

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

**Print name.** (First, MI, Last)

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

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

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

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

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

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

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

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

**Please list your last two employers:**

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

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

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

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

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

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

**Please note:**

The dual certification exam is only available to current CPATs or CCATs.

**Select exam:**

CPAT (Hospital)

CPAT Dual Certification (Hospital) (for current CCAT Certified Examinee)

CCAT (Clinic)

CCAT Dual Certification (Clinic) (for current CPAT Certified Examinee)

CCT Stand-alone

CCT add-on to CPAT or CCAT

**Preferred exam month:**

February  May  August  November

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

\_\_\_\_\_ (month/year)

**Please note:**

If it has been more than 12 months since you originally sat for the CPAT/CCAT exam, you must retake the entire exam.

If this is a retake of CPAT/CCAT, which section are you taking?

**SECTION:**

1 (Patient Access)  2 (Billing)  3 (Credit & Collections)

If you are applying for Dual Certification, when did you originally become a CPAT or CCAT?

\_\_\_\_\_ (month/year)

**SUBMITTING YOUR APPLICATION:**

**Mail completed application to the National Office:**

**AAHAM National Office – Technical Certification**  
11240 Waples Mill Rd # 200  
Fairfax VA 22030

**CPAT/CCAT FEES:** \$100.00 for the full exam  
\$45.00 for a section retake  
\$75.00 for the dual certification exam

**CCT FEE:** \$45 for the full exam

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

**Application fees are non-transferable and non-refundable.**  
**There are no postponements allowed.**

**DEADLINE:** Application must be received by the AAHAM National office by:

**December 1** for the February exam

**March 1** for the May exam

**June 1** for the August exam

**September 1** for the November exam

You will receive a letter, phone call or email from your Chapter Certification Chair a few weeks before the examination window opens, 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