



# Pretest for Advanced ICD-10-AM, ACHI and ACS

## APPLICATION FORM

### Personal details

HIMAA Student Code (if previously enrolled)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Given names	<input type="text"/>				
Surname	<input type="text"/>						
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of birth	<input type="text"/>	/	<input type="text"/>	/19	<input type="text"/>

### Home address (or Post Office Box if applicable)

<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Telephone incl area code	<input type="text"/>			Fax incl area code	<input type="text"/>		
Mobile No.	<input type="text"/>			email	<input type="text"/>		

### Business address

Position	<input type="text"/>						
Department	<input type="text"/>						
Organisation	<input type="text"/>						
Address	<input type="text"/>						
<input type="text"/>							
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>		
Telephone include area code	<input type="text"/>			Fax include area code	<input type="text"/>		
email	<input type="text"/>						

My preferred mailing address is

Home

Business (please ✓ appropriate boxes)

My preferred fax number is

Home

Business

Currently coding

Yes

No

Size of hospital

over 350 beds

100-350 beds

under 100 beds

### Closing date for submission of pretest

You may **apply** to sit for the pretest **after 30 April 2010** and **must submit** your completed pretest **no later than 30 June 2010** to be eligible for the **August 2010** intake.

### Prerequisites for pretest

You must be able to tick at least one item

- passed HIMAA Intermediate ICD-10-AM, ACHI and ACS with a minimum of twelve month's additional coding experience with a broad casemix
- a minimum of four years' ICD-10-AM, ACHI and ACS coding experience in a hospital environment with a varied casemix in an Australian or New Zealand hospital.

### Payment

Enclosed is payment for **(please tick (✓) appropriate box)**

#### Non members

	<i>Total</i>
<input type="checkbox"/> Pretest for Advanced ICD-10-AM, ACHI and ACS clinical coding (includes GST)	\$175.00
<input type="checkbox"/> Overseas (except New Zealand) <span style="float: right;">AUD</span>	\$234.00

#### Financial Members (HIMAA or CCSA) (please circle Association)

	<i>Total</i>
<input type="checkbox"/> Pretest for Advanced ICD-10-AM, ACHI and ACS clinical coding (includes GST)	\$157.50
<input type="checkbox"/> Overseas (except New Zealand) <span style="float: right;">AUD</span>	\$210.60

- Australian students** - cheque or money order payable to *HIMAA Education Services*
- Overseas students** - bank draft in Australian dollars payable to *HIMAA Education Services*
- EFT payment** (please phone +61 2 9887 5003 for details or email ireney@hima.org.au)
- MasterCard  Visa  American Express

**Please note a surcharge of 2% applies to payments by credit card**

Card no.

Expiry date  /

Cardholder's name \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Organisation's Name (If business credit card) \_\_\_\_\_

Please invoice my organisation. Billing details (if different to the business address on page 1)

Contact person \_\_\_\_\_ Phone number \_\_\_\_\_

Organisation \_\_\_\_\_

Billing address \_\_\_\_\_

email \_\_\_\_\_

### Where to send your application form and payment

Return this form with your cheque, bank draft, money order or credit card details to

Administration Officer HIMAA Education Services Locked Bag 2045 NORTH RYDE NSW 1670 AUSTRALIA

Fax + 61 2 9887 5895 phone + 61 2 9887 5898 email [education@hima.org.au](mailto:education@hima.org.au)

If sending by courier please use our street address Level 1 51 Wicks Road North Ryde NSW 2113 Australia