



Challenge Examination for Intermediate 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	Given names						
Surname							
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of birth	/ /19				

Home address (or Post Office Box if applicable)

State		Postcode		Country	
Telephone incl area code				Fax incl area code	
Mobile No.				email	

Business address

Position					
Department					
Organisation					
Address					
State		Postcode		Country	
Telephone include area code				Fax include area code	
email					

My preferred mailing address is Home Business (✓) please tick

My preferred fax number is Home Business

I am currently coding Yes No (✓) please tick

Size of hospital (if applicable) over 350 beds 100- 350 beds under 100 beds (✓) please tick

Examination dates (please tick one)

Applications for examination (with payment) **AND** the supervisor nomination form must be received **NO LATER than 4 February for 17 March** examination and **NO LATER than 5 May for 17 June** examination. Applications received after these dates will not be processed.

17 MARCH 12 May 2010 intake for Intermediate ICD-10-AM, ACHI and ACS

17 JUNE 12 August 2010 intake for Intermediate ICD-10-AM, ACHI and ACS

Payment

Enclosed is payment for challenge examination (please tick (✓) one box only)

Non members

	Total
<input type="checkbox"/> Australian candidates (incl GST)	\$175.00
<input type="checkbox"/> Overseas candidates (except New Zealand) AUD	\$234.00

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

	Total
<input type="checkbox"/> Australian candidates (incl GST)	\$157.50
<input type="checkbox"/> Overseas candidates (except New Zealand) AUD	\$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 (phone +61 2 9887 5003 or email ireney@hima.org.au for details)

MasterCard Visa American Express

(These cards only are accepted)

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 enrolment 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

fax + 61 2 9887 5895 phone + 61 2 9887 5898 email education@hima.org.au

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

as at 13 December 2009

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



Challenge Examination for Intermediate ICD-10-AM,ACHI and ACS SUPERVISOR NOMINATION FORM

PLEASE WRITE CLEARLY WHEN COMPLETING THIS FORM – USE BLACK OR BLUE PEN
SUPERVISOR'S DETAILS

Title		Given names	
Surname			

Business address

Position			
Department			
Organisation			
Address			
State		Postcode	Country
Telephone Include area code	Mobile No.		
email			

Mailing address for examination paper if different to above address

State		Postcode		Country

Venue name (and location) if different to business address

Venue Name				
Location				
State		Postcode		Country

Examination Supervisor – Conditions of Agreement

1. The examination is a two hour examination plus 10 (ten) minutes reading time and must be held on the scheduled date **either 17 March** – 12 May 2010 intake for Intermediate ICD-10-AM, ACHI and ACS **or 17 June** – August 2010 intake for Intermediate ICD-10-AM, ACHI and ACS.
2. The time of the examination is to be arranged between you and the candidate.
3. You must provide a quiet room for the examination and also a table large enough to accommodate the five coding volumes required by the candidate to complete the examination.
4. You must always be present during the examination.
5. A letter confirming your approval as a supervisor and enclosing instructions and rules will be mailed approximately 10 (ten) working days after receipt of both the Application for Examination (with payment) and the Supervisor Nomination form. This letter will also advise the date you should receive the examination paper.
6. Examination papers will be sent to you in a sealed envelope. If you do not receive the examination paper by the date specified in the confirmation letter (see No 5. above) please contact the Administration Officer HIMAA Education Services **immediately**.
7. The candidate may only use those extra materials specified on the rules for the examination.
8. Ten minutes before the finishing time the candidate should be warned of the time. At the finish candidates must stop writing immediately and hand in the examination paper and any paper on which they have written.
9. Worked and unworked papers should be sealed in the express post envelope provided (Australian candidates only) and posted to HIMAA Education Services on the **same day** as the examination takes place. Overseas supervisors are required to return the examination paper by registered airmail or courier on the **same day** as the examination takes place.
10. The examination paper must not be photocopied, copied manually or reproduced in any way (in whole or part) by any means.
11. As a supervisor you will receive a payment from HIMAA Education Services of \$20.00 per examination hour. Any other costs incurred are the responsibility of the candidate.

I have read the above conditions and agree to act as examination supervisor for

_____ (candidate's name) on _____(examination date)

Signature _____

Dated _____

Please return this form to the candidate applying to sit the examination

For further information please contact
Administration Officer HIMAA Education Services Locked Bag 2045 NORTH RYDE NSW 1670
phone + 61 2 9887 5898 fax + 61 2 9887 5895 email education@himaa.org.au

Office use only

Supervisor approved

Date