



HIMAA Advanced ICD-10-AM, ACHI and ACS 6th edition PRETEST 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	/ /19				

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 10 January 2010** and must submit your completed pretest no later than **28 February 2010** to be eligible for the **12 April 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

Payment

Enclosed is payment for

	<i>Fee</i>
<input type="checkbox"/> New Zealand candidates only (Australian Dollars)	\$199.00

- bank draft in Australian dollars payable to *HIMAA Education Services*
- EFT payment (please phone +61 2 9887 5003 or email ireney@himaa.org.au for details)
- 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@himaa.org.au
If sending by courier please use our street address Level 1 51 Wicks Road North Ryde NSW 2113 Australia