



HIMAA Challenge Examination for Intermediate ICD-10-AML, 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"/>		/	<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 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 intake** for Intermediate ICD-10-AM, ACHI and ACS

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

Payment

		<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@hima.org.au for details)

MasterCard Visa American Express

(These cards only are accepted)

Card no.

Expiry date /

Cardholder's name _____

Cardholder's signature _____

(If business credit card) Organisation's Name _____

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 Australia
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



HIMAA Challenge Examination for Intermediate ICD-10-AML, 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 intake for Intermediate ICD-10-AM, ACHI and ACS **or 17 June** – 12 August 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.
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 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. The 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. 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@hima.org.au

Office use only

Supervisor approved	Date
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