

Challenge Examination for Intermediate ICD-10-AM,ACHI and ACS Clinical Coding Application Form

Student Code (if previously enrolled)				<input type="text"/>	<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"/>
Phone	()			Fax	()
Mobile	<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"/>					
State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Phone	()			Fax	()
email	<input type="text"/>				

Preferred mailing address ☐ Home ☐ Business (✓) please tick

Preferred email address ☐ Home ☐ Business (✓) please tick

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 8 February for 15 March examination and no later than 7 May for 14 June examination.

Applications received after these dates will not be processed.

- | | | |
|--------------------------|-----------------|------------------------------------------------------------------------|
| <input type="checkbox"/> | 15 MARCH | May intake for Intermediate ICD-10-AM, ACHI and ACS clinical coding |
| <input type="checkbox"/> | 14 JUNE | August intake for Intermediate ICD-10-AM, ACHI and ACS clinical coding |

Payment – Fees will not be refunded if your application has been processed

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

(please tick (✓) one box only)

Total

<input type="checkbox"/> Overseas Resident	(Australian dollars)	\$350.00
--------------------------------------------	----------------------	----------

- | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Overseas draft in Australian dollars payable to
<i>Health Information Management Association of Australia Limited</i> | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <i>Please note a surcharge of 1.8% applies to payments made by credit card.</i> </div> |
| <input type="checkbox"/> | EFT payment - phone 61 2 9887 5898 or email education@hima.org.au for details | |
| <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express | | |

Please note a surcharge of 1.8% applies to payments by credit card

Card no.

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Expiry date /

Cardholder's name

Cardholder's signature _____

Organisation _____
(If business credit card)

- ☐ Please invoice my organisation

Contact	Phone
---------	-------

Phone

Organisation

Billing address

email

Where to send your application, supervisor nomination form and payment

Student Support and 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

Fax 61 2 9887 5895 email education@himaa.org.au

email education@himaa.org.au

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

Challenge Examination for Intermediate ICD-10-AM,ACHI and ACS Clinical Coding Supervisor Nomination Form

**PLEASE WRITE CLEARLY WHEN COMPLETING THIS FORM AND USE
BLACK OR BLUE PEN**

Title		Given Names	
Surname			

Business Address

Position					
Department					
Organisation					
Address					
State		Postcode		Country	
Phone	()		Mobile		
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 ten minutes reading time and must be held on the scheduled date either 15 March for enrolment in the May intake for HIMAA Intermediate ICD-10-AM, ACHI and ACS clinical coding or 14 June for enrolment in the August intake for HIMAA Intermediate ICD-10-AM, ACHI and ACS clinical coding
2. The time of the examination should be arranged between you and the candidate
3. You must provide a quiet room for the examination and 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. An email confirming your approval as supervisor and attaching instructions and rules will be sent after receipt of both the application for examination and supervisor nomination form
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 our email please contact the Student Support and Administration Officer HIMAA Education Services immediately
7. The candidate may only use those extra materials specified in the rules for the examination
8. Ten minutes before 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 and the completed supervisor's record should be returned 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 whole or part by any means

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

_____ on _____

Signature _____ Date _____

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

For further information please contact

Student Support and Administration Officer Education Services
Locked Bag 2045 North Ryde NSW 1670 Australia

Phone 61 2 9887 5898 Fax 61 2 9887 5895 email education@himaa.org.au

Office use only

Supervisor approved

Date