

# Challenge Examination in Medical Terminology

## Overseas Resident 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"/>		
Suburb	<input type="text"/>	Country
Phone	( )	Fax ( )
Mobile	<input type="text"/>	email

### Business Address

Position	<input type="text"/>	
Department	<input type="text"/>	
Organisation	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	<input type="text"/>	Country
Phone	( )	fax ( )
email	<input type="text"/>	

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

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

**Examination dates (please tick one)**

Applications for examination with payment and the supervisor nomination form must be received no later than 10 December for 1 February and 31 March for 3 May examinations.

**Applications received after these dates will not be processed.**


- |                          |                   |                     |   |
|--------------------------|-------------------|---------------------|---|
| <input type="checkbox"/> | <b>1 February</b> | <b>March intake</b> | Introductory ICD-10-AM,ACHI and ACS clinical coding |
| <input type="checkbox"/> | <b>3 May</b>      | <b>July intake</b>  | Introductory 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 (✓)***

***please tick (✓)***

<input type="checkbox"/> Overseas resident	Australian dollars	\$350.00
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-  EFT payment (please phone +61 2 9887 5898 or email [education@hima.org.au](mailto:education@hima.org.au) for details)

- ☐ MasterCard      ☐ Visa      ☐ American Express      **Please note surcharge**

Card no.

Expiry date   /

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

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

Organisation (If business credit card)

- ☐ Please invoice my organisation

Contact	Phone
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Phone

## Organisation

Billing address

email

## Where to send your enrolment form and payment

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](mailto:education@himaa.org.au)

Fax 61 2 9887 5895      email [education@himaa.org.au](mailto:education@himaa.org.au)

email [education@himaa.org.au](mailto: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 in Medical Terminology Overseas Resident Supervisor Nomination Form

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

<b>Title</b>		<b>Given Names</b>	
<b>Surname</b>			

## **Business Address**

<b>Position</b>			
<b>Department</b>			
<b>Organisation</b>			
<b>Address</b>			
<b>Suburb</b>		<b>Country</b>	
<b>Phone</b>	(     )	<b>Mobile</b>	
<b>email</b>			

## **Mailing Address for examination if different to above address**

<b>Suburb</b>		<b>Country</b>	

## **Venue if different to business address**

<b>Venue name</b>			
<b>Location</b>			
<b>Suburb</b>		<b>Country</b>	

## Examination Supervisor – Conditions of Agreement

1. The duration of the examination is ninety minutes and must be held on 1 February for the March intake or 3 May for the July intake for HIMAA Introductory ICD-10-AM, ACHI and ACS clinical coding
2. The time of the examination is to be arranged between you and the candidate
3. You must provide a quiet room and a table for the examination
4. You must be present during the examination
5. An email confirming your approval as supervisor and sending instructions and rules will be sent after receipt of both the application for examination and supervisor nomination form
6. The examination will be mailed to you in a sealed envelope. If you do not receive the examination paperwork please contact the Student Support and Administration Officer HIMAA Education Services
7. The candidate can only use those extra materials specified in the examination rules
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 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 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 HIMAA 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](mailto:education@himaa.org.au)

*Office use only*

Supervisor approved

Date