



**Wisconsin Homecare Organization (WHO)  
Exam Registration Form**

**For the  
HOME CARE CODING SPECIALIST (HCS-D) EXAMINATION**

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) certification examination on March 3, 2010.

\_\_\_\_\_ I am a WHO member. My registration fee is \$229.00

\_\_\_\_\_ I am not a WHO member. The standard registration fee is \$249.00

Register me for the Home Care Coding Specialist - Diagnosis (HCS-D) Recertification examination on March 3, 2010. **(Open to HCS-D credential holders due for recertification)**

The standard registration fee is \$129.00 (there is no discount available for WHO membership)

I prefer to take the HCS-D exam at my office location after the conference. I understand that I must submit a Proctor Nomination Form and agree to follow the BMSC Individual Proctoring Protocol (IPP). *Forms may be downloaded at: <http://www.medicalspecialtycoding.com/homecare/downloads-forms.html>.*

**CANDIDATE INFORMATION (PLEASE PRINT OR TYPE)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
(For exam information)

**PAYMENT INFORMATION**

Credit Card                       VISA       MC       AMEX

Card #: \_\_\_\_\_ Expiration \_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature \_\_\_\_\_

Check enclosed                      Payable to Registrar, BMSC (TIN 52-2205881)

**Fax (301) 287-2914 ▪ Call (800) 897-4509**  
▪ **Mail ATTN REGISTRAR BMSC, 9737 Washingtonian Blvd, Ste 100 Gaithersburg, MD 20878**