

National Examination Registration Form

Mail, Fax or Phone Orders Only.



Select Certification Exam

- Certified Clinical Medical Assistant (CCMA)* \$149.00
 - Certified Phlebotomy Technician (CPT) \$105.00
 - Certified EKG Technician (CET) \$105.00
 - Certified Billing & Coding Specialist (CBCS) \$105.00
 - Certified Medical Transcriptionist (CMT) \$105.00
 - Certified Medical Administrative Assistant (CMAA) \$105.00
 - Certified Medical Laboratory Assistant (CMLA) \$105.00
 - Certified Billing & Coding Specialist/Certified Medical Administrative Asst. (CBCS/CMAA combo) \$149.00
 - Certified Patient Care Technician/Patient Care Associate/Nurse Technician (CPCT/CPCA/CNT)* \$149.00
 - Certified Healthcare Instructor (CHI) \$169.00
 - Certified Mental Health Technician (CMHT) \$105.00
 - Certified Pharmacy Technician (CPhT) \$105.00
 - Certified Operating Room/Surgical Technician (CORST) \$225.00
- * Exam includes Phlebotomy and EKG

Total Exam Cost: \$ _____

Select Online Exam Review Workshop (Optional)

NHA MyTime - recorded

- Online, self paced program
- Taught by a Subject Matter Expert
- Instant access from any computer
- Unlimited Access within 30 days
- Great flexibility, your schedule, YOUR WAY
- Includes Practice Exam

Clinical:

- Certified Clinical Medical Assistant (CCMA) \$89.00
- Certified Phlebotomy Technician (CPT) \$69.00
- Certified EKG Technician (CET) \$69.00
- Certified Medical Laboratory Assistant (CMLA) \$69.00
- Certified Patient Care Technician/Patient Care Associate/Nurse Technician (CPCT/CPCA/CNT) \$89.00

Administrative:

- Certified Medical Administrative Assistant (CMAA) \$69.00
- Certified Billing & Coding Specialist (CBCS) \$69.00
- Certified Billing & Coding Specialist/Certified Medical Administrative Assistant (CBCS/CMAA) \$89.00

Total Exam Review Workshop Cost \$ _____

Personal Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Phone #: _____ Alternate #: _____
 Date of Birth: ____ - ____ - ____ SS #: ____ - ____ - ____
 Name of School Attended: _____
 Name of Program Completed: _____
 Do you Have Work Experience? ____ Yes ____ No
 Length of Employment: _____ (Must provide written documentation of employment)
 Employer's Name: _____
 Employer's Phone #: _____ Email: _____

Complete Your Order

Exam Date & Location:

1. _____
2. _____

How will you take the EXAM?

Check one:

- Paper and pencil
- Online Exam

Total Exam Cost \$ _____

Total Exam Review \$ _____

Workshop Cost \$ _____

(optional)

Study Guides: (select one)

- Electronic Version (must have email address) \$ **FREE**
- Printed & mailed Study Guide(s) (\$7.00ea. for Postage and Handling) \$ _____

Enter Total Amount

Enclosed \$ _____

Mail, Phone or Fax

Payment Options:

Amount Paid \$ _____
 Check # _____ Money Order # _____
 Credit Card:
 ____ Visa ____ MasterCard ____ Discover ____ American Express
 Card # _____
 Expiration Date: ____ / ____ / ____
 Signature: _____ Date: _____



National Healthcareer Association
 "The Benchmark In Healthcare Certification"

Mail:

National Healthcareer Association
 7 Ridgedale Ave., Suite 203
 Cedar Knolls, NJ 07927

Fax

973-644-4797
 (must include credit card,
 school voucher or
 school purchase order)

Phone

1-800-499-9092
 (must have credit card,
 School Voucher or School
 Purchase Order handy)

Cancellation Policy: There are no refunds offered on Certification Exams unless scheduled exam date is cancelled by the NHA. However, the exam fee may be transferred over to a new date for up to 6 months of original date. Please note there is a \$15.00 fee each time an exam date is rescheduled.