



**Application Instructions for The CPHQ Onsite Testing
at the NAHQ Annual Conference**

Application Deadline: August 13, 2007

Examination Date: September 10, 2007

Location: Sheraton Boston Hotel, 39 Dalton Street, Boston, Massachusetts

- 1) Please complete the attached application specified for the CPHQ examination at the NAHQ Annual Conference.
- 2) Once your application is complete mail or fax your application with check or credit card information to:

AMP/Examination Services
18000 W. 105 Street
Olathe, KS 66061-7543
913-895-4600
FAX 913-895-4650

Please Note: Do not send your application to NAHQ or include it with your conference registration. Application will only be accepted at the above address.

- 3) Once the application is received, you will receive an e-mail/letter notification that AMP has received your application.
- 4) After this e-mail, the next e-mail/letter you will receive will be approximately 2 weeks prior to the online examination. This correspondence will include your testing time and the location/room for the testing.
- 5) Please review the CPHQ Candidate Handbook available on the website at www.cphq.org for additional testing information.
- 6) If you have additional questions please contact the **HQCB Executive Office** at info@cphq.org, 913-895-4609 or 800-346-4722.

Thank you and good luck!!
HQCB Executive Office

13. DECLARATION

AGREEMENT OF AUTHORIZATION and CONFIDENTIALITY

I authorize the Healthcare Quality Certification Board (HQCB) to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. Further, I understand that the HQCB will treat the contents of this application as well as all documents relating to certification as confidential, except when required by legal compulsory process, with the following exception. If I successfully pass the examination and attain the CPHQ designation, I authorize the HQCB to release my name and address to the National Association for Healthcare Quality and its affiliated organizations for the purpose of mailing me association information. I also authorize HQCB to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with the information has been deleted. I understand that the initial certification period is two calendar years following successfully passing the examination and agree to meet current requirements if I wish to maintain active certification status thereafter. I further understand that the governing body has the authority to change requirements to attain and maintain certification from time to time.

I have read and understand the information provided in the Candidate Handbook or on the cphq.org website. Under penalties of perjury, I declare that the foregoing statements are true.

I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores if the HQCB determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive, or other prohibited behavior during the administration of the examination.

Candidate signature **(Required)**

Date

Payment must be by **credit card, check or money order payable in U.S. dollars** to the "Healthcare Quality Certification Board".

Please write your name on the face of the check. (HQCB/NAHQ tax ID #95-3062349)

No telephone or e-mail applications will be accepted. Completed forms may be sent by facsimile ONLY if paying by credit card.

Complete and mail this application with a check or credit card information to:

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Olathe, KS 66061-7543
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**This application is for the testing date of September 10, 2007 only.
For all other testing dates, please visit our website at www.cphq.org
for the CPHQ Examination Candidate Handbook.**