

National Association of Allied Health Professionals (NAAHP)
Board of Certification Application for Certified Medical Biller (CMB)
1800 Diagonal Road, Suite 600 – National Harbor MD 20745
703-447-9965 or 301-233-0452

Application and other fees are non-refundable: CMB Application Fee \$50 (The Certification fee is \$125) If you are required to take the certification test the fee is \$150 for testing. – **The application fee is due at the time of submission.**

Personal Information:

Date of Birth _____ SSN _____

Mr. ____ Mrs. ____ Ms. ____ Miss. ____ Phone Number (required) _____

First Name _____ MI _____ Last Name _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Country (if foreign) _____ Gender (required) Female ____ Male ____

Prior NAAHP Certification (if applicable)

Category _____ Certification Number _____

Path One: Medical Billing Training Program Completion

Date Program Began _____ Date Program Ended _____

Name of Institution Address Phone

Path Two: Medical Billing Work Experience (within the last three years)

Company/Employer Position Year

Phone

Company/Employer Position Year

Phone

Total number of years of Medical Billing work experience: _____

Academic Education (Required)

High School Diploma/GED Month_____ Year_____

Name of Institution Attended:

Institution	City/State or County	Degree	Date Received
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Institution	City/State or County	Degree	Date Received
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Employment Information

Present Employer	Job Title	Date Started
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Address	City	State	Zip Code
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References: Please list two:

Name	Address	City	State	Zip	Phone
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Name	Address	City	State	Zip	Phone
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By submitting and signing this application, I acknowledge that this application will be reviewed and processed in accordance with the rules and policies adopted by the NAAHP Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the NAAHP Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief. I authorize representatives of the NAAHP Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that admission to take the certification examination, and certification if granted, are based on the correctness of the information contained in, and supplied in support of, this application. I further recognize that admission to take the certification examination and any certification I may have or be granted, may be revoked at any time, and that I may be barred from admission to take further certification examinations, if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, if I engage in any inappropriate conduct during the examination (such as giving or obtaining unauthorized information or aid), or if it is determined that I have misrepresented or misused any certification I may have or be granted. I understand that this examination and all test questions are the exclusive property of the NAAHP Board of Certification and are protected by copyright law. Because of the confidential and proprietary nature of these copyright materials, I agree not to retain, copy, disclose or reveal any part of these examination materials, unless previously authorized in writing by the NAAHP Board of Certification. I understand that the certificate of certification is time-limited for one year and that it must be renewed every year for my certification to remain valid. Continuing education credit is required to maintain certification. I understand and agree that I will not use NAAHP certification designation after my name if I do not maintain a valid certification.

Signature

Date