

## Certify as a *Cost Report Specialist*

Earn your CCRS (Certified Cost Report Specialist) Credential  
FOR EXPERIENCED ONLY

Take the Certification Exam Only Online, By Appointment  
Scheduled Remote with a Professional Proctor (No Travel)

**Price: \$425 (AIHC Member Price: \$395)**



### Online Exam Registration Fee Includes

- AIHC Membership for Three (3) Months
- Mock Exam: This Mock Exam reflects the certification exam and will help prepare experienced individuals to pass the certification exam.
- **Two (2) Certification Exam Attempts:** This exam is taken online and scheduled with an AIHC proctor. You will know immediately if you have passed (scoring at least 80%) or failed the exam.
  - If you score less than 80%, you have the opportunity to schedule a second attempt within your three (3) month deadline.

### Exam Domains

- Domain 1: Reimbursement Issues, Allowable Costs, and Medicare Bad Debts
- Domain 2: eFiling
- Domain 3: Provider Statistical and Reimbursement System User Manual
- Domain 4: Compliance
- Domain 5: General Technical Knowledge

### About the Exam

The online certification exam can be taken remotely from the comfort of your home or office. Attempts at the exam are only available by appointment with a professional AIHC proctor.

### Deadline

Take the CCRS<sup>SM</sup> Certification Exam within Three (3) Months of Registering

- Refunds are not available if you register to take the certification exam and do not use your 2 exam attempts within three (3) months of your purchase date.
- If you don't pass the exam, you have the option to attend the next Cost Report Training Camp event for an additional fee. The camp tuition includes additional certification exam attempts.

## After You Are Certified: Maintaining Your Credential

Once you are certified, you need to maintain your credential by obtaining six (6) continuing education units (CEUs) each year.

- AIHC offers free and low-cost CEU programs for our members.
- We are also CEU friendly and are happy to accept CEUs from most other recognized organizations.

If you are already CCRS Certified, you are also able to attend the next Medicare Cost Report Training Camp to network and earn all of the CEUs required to renew your certification.

## Your Investment:

- Register Online as a Non-Member: Pay \$425
- Register Online as an AIHC Member: Pay \$395

## How to Register for this Course

**Register Online – Return to the Course Page, Enroll and Pay!**



We accept online registration payment via credit card.

## Register Via Mail or Fax:

Scroll down for a hard copy enrollment form. Mail or fax your completed form to the AIHC Office to submit your registration and payment information.

## Refund Policy

View the Refund Policy Posted on the Home Page of our Website [www.aihc.assn.org](http://www.aihc.assn.org)

## Certified Cost Report Specialist

### EXAM ONLY HARDCOPY REGISTRATION FORM

<b>Enrollment Date:</b>	<b>Exam Only Fee (Check the Appropriate Box):</b> <input type="checkbox"/> Non-Members Pay: \$425
<b>Name &amp; Credentials:</b>	<b>Are You Already an AIHC Member?</b> <input type="checkbox"/> AIHC Members Pay: \$395.00
<b>Home Address:</b>	<b>Exam Only Fee Reminder: You must register and take the exam within 3 months from the date of this registration to avoid additional exam fees.</b>
<b>Employer Name &amp; Address:</b>	<b>Current Job Position or Cost Report Experience:</b>
<i>(For website administration and registration confirmation)</i> <b>Primary Email Address:</b>	<b>Work Phone Number:</b>
<b>Alternate Email Address:</b>	<b>Alternate or Cell Phone Number:</b>
<b>Credit Card Payment Information:</b>	
   <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover	
Amount Approved on this Credit Card: <input type="checkbox"/> \$425 Non Member Price <input type="checkbox"/> \$395 AIHC Member Price	
Card Number: _____	
Security Code: _____	Expiration Date: _____
Billing Address for this Card: _____	
Name As It Appears on this Card: _____	
Authorized Signature & Date: _____	
<b>Paying by corporate check? <input type="checkbox"/> \$425 Non Member Price    <input type="checkbox"/> \$395 AIHC Member Price</b>	
<b>Please Make Checks Payable to: AIHC</b>	
<b>AIHC Mailing Address: 5000 Gateway Drive – Suite 202, Medina, Ohio 44256</b>	
<b>AIHC Fax Number: (330) 952-0716</b>	
<b>How did you hear about us?</b>	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Co-Worker <input type="checkbox"/> AIHC Website <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____	