



# CCFA-Certified Clinical Financial Auditor Certification Exam Application

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

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of years employed in Healthcare Auditing or Finance: \_\_\_\_\_

Highest Education Level: \_\_\_\_\_

School(s) Attended: \_\_\_\_\_

Degree(s) Awarded: \_\_\_\_\_

Professional License Number or Certification: \_\_\_\_\_ Type: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Last CMAS Certification Renewal Date: \_\_\_\_\_

**Please send a recent resume with 1-2 professional references to validate experience, including email addresses.**

Printed Name (\*\*Name on the Certificate will appear as below\*\*):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**I have included:**

Application Form

Current Resume

Exam Fee of \$300

Check/Money order payable to **AAMAS** and mailed to: AAMAS, 7044 S. 13th St., Oak Creek, WI 53154

Credit Card:

Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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

*Should American Express be your ONLY method of payment, please fill out the form and indicate you will pay by check/money order. We then ask you to call our finance department so they can hand process the payment. Phone: 414-908-4941 ext 105. Thank you! -The AAMAS Board.*

**TOTAL:** \_\_\_\_\_

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to AAMAS, 7044 S 13th St., Oak Creek, WI 53154. Credit Card Payments can be faxed to AAMAS at 414-768-8001.