



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

SPECIAL PACKAGE: \$250:

I confirm I have attended the webinar Workshop within the past year and therefore receive \$50 off the CCFA exam.

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

Credit Card: I will cover the 3.5% processing fee (optional)

Visa MasterCard Discover AMEX

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

TOTAL: \$ _____ + 3.5% processing fee (if checked above) = \$ _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to AAMAS, 262 W Main St., Wales, WI 53183. Credit Card Payments can be faxed to AAMAS at 414-768-8001.