

# HIPAA CERTIFICATION ONLINE

## Course/Exam Registration Form

### 1: PLEASE COMPLETE THE FOLLOWING

Name of Registrant \_\_\_\_\_

Title \_\_\_\_\_ Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### 2: COURSE/EXAMINATION REGISTRATION

#### HIPAA CERTIFICATION ONLINE COURSES:

- HCO-101. HIPAA CERTIFICATION ONLINE: HIPAA BACKGROUND - \$110 \$ \_\_\_\_\_
- HCO-102. HIPAA CERTIFICATION ONLINE: HITECH ACT AND THE FINAL RULE - \$110 \$ \_\_\_\_\_
- HCO-103. HIPAA CERTIFICATION ONLINE: HIPAA COMPLIANCE. WHO HAS TO COMPLY - \$110 \$ \_\_\_\_\_
- HCO-104. HIPAA CERTIFICATION ONLINE: HIPAA PENALTIES AND FINES - \$110 \$ \_\_\_\_\_
- HCO-105. HIPAA CERTIFICATION ONLINE: HIPAA PRIVACY RULE - \$110 \$ \_\_\_\_\_
- HCO-106. HIPAA CERTIFICATION ONLINE: HIPAA TRANSACTIONS AND CODE SETS - \$110 \$ \_\_\_\_\_
- HCO-107. HIPAA CERTIFICATION ONLINE: HIPAA IDENTIFIERS - \$110 \$ \_\_\_\_\_
- HCO-108. HIPAA CERTIFICATION ONLINE: HIPAA SECURITY RULE - \$110 \$ \_\_\_\_\_
- HCO-109. HIPAA CERTIFICATION ONLINE: HIPAA ADMINISTRATIVE SAFEGUARDS - \$110 \$ \_\_\_\_\_
- HCO-110. HIPAA CERTIFICATION ONLINE: PHYSICAL SAFEGUARDS, TECHNICAL SAFEGUARDS & OTHER STANDARDS - \$110 \$ \_\_\_\_\_

#### HIPAA CERTIFICATION ONLINE EXAMINATIONS:

- CHA EXAMINATION - \$495 \$ \_\_\_\_\_
  - CHA EXAM FOR THOSE WHO HAVE ALREADY TAKEN THE EXAM - \$395 \$ \_\_\_\_\_
- CHP EXAMINATION - \$495 \$ \_\_\_\_\_
  - CHP EXAM FOR THOSE WHO HAVE ALREADY TAKEN THE EXAM - \$395 \$ \_\_\_\_\_

#### HIPAA CERTIFICATION ONLINE PACKAGES:

- CHA CERTIFICATION (101-105 AND CHA EXAMINATION) - \$745 \$ \_\_\_\_\_
- CHP CERTIFICATION (101-110 AND CHP EXAMINATION) - \$1,195 \$ \_\_\_\_\_

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

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### 3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to (858) 228-1743.

Check/money order enclosed (make checks payable to HIPAA Certification Online)

Credit card:     American Express     Visa     MasterCard

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

### 4: REGISTRATION SUBMISSION

Please return your application and full payment by: Fax (858) 228-1743 Phone: (888) 596-0933. Please make checks payable to HIPAA Certification Online. Or mail this form with correct enrollment fee (U.S. funds) to:

HCO Registrar  
4676 Commercial St SE #127  
Salem, OR 97302-1902

**For more information:** Call (888) 596-0933 or send e-mail to [registration@HIPAACertificationOnline.com](mailto:registration@HIPAACertificationOnline.com) or visit [www.HIPAACertificationOnline.com](http://www.HIPAACertificationOnline.com).

**Upon completion of registration, you will receive an e-mail with your login/password and instructions on how to begin taking your course(s).**