

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 - **\$95** \$ _____
- HCO-102. HIPAA CERTIFICATION ONLINE: HITECH ACT AND THE FINAL RULE - **\$95** \$ _____
- HCO-103. HIPAA CERTIFICATION ONLINE: HIPAA COMPLIANCE. WHO HAS TO COMPLY - **\$95** \$ _____
- HCO-104. HIPAA CERTIFICATION ONLINE: HIPAA PENALTIES AND FINES - **\$95** \$ _____
- HCO-105. HIPAA CERTIFICATION ONLINE: HIPAA PRIVACY RULE - **\$95** \$ _____
- HCO-106. HIPAA CERTIFICATION ONLINE: HIPAA TRANSACTIONS AND CODE SETS - **\$95** \$ _____
- HCO-107. HIPAA CERTIFICATION ONLINE: HIPAA IDENTIFIERS - **\$95** \$ _____
- HCO-108. HIPAA CERTIFICATION ONLINE: HIPAA SECURITY RULE - **\$95** \$ _____
- HCO-109. HIPAA CERTIFICATION ONLINE: HIPAA ADMINISTRATIVE SAFEGUARDS - **\$95** \$ _____
- HCO-110. HIPAA CERTIFICATION ONLINE: PHYSICAL SAFEGUARDS, TECHNICAL SAFEGUARDS & OTHER STANDARDS - **\$95** \$ _____

HIPAA CERTIFICATION ONLINE EXAMINATIONS:

- CHA EXAMINATION - \$495 (**\$295 MAY 15 - JUNE 2, 2017**) \$ _____
 - CHA EXAM FOR THOSE WHO HAVE ALREADY TAKEN THE EXAM - \$395 (**\$195 MAY 15 - JUNE 2, 2017**) \$ _____
- CHP EXAMINATION - \$495 (**\$295 MAY 15 - JUNE 2, 2017**) \$ _____
 - CHP EXAM FOR THOSE WHO HAVE ALREADY TAKEN THE EXAM - \$395 (**\$195 MAY 15 - JUNE 2, 2017**) \$ _____

HIPAA CERTIFICATION ONLINE PACKAGES:

- CHA CERTIFICATION (101-105 AND CHA EXAMINATION) - \$745 (**\$495 MAY 15 - JUNE 2, 2017**) \$ _____
- CHP CERTIFICATION (101-110 AND CHP EXAMINATION) - \$1,195 (**\$895 MAY 15 - JUNE 2, 2017**) \$ _____

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 or visit 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).