

RECERTIFICATION APPLICATION

Certified Administrator in Physician Practice Management (CAPPM)

How Do I Keep My CAPPM Credential?

The initial CAPPM designation is bestowed for a period of three years. During that time, Recertification requirements must be achieved in order to continue the designation for three additional years. This enhanced credential will document the professional's ongoing commitment and experience, as well as provide credentials more advanced for the practice management professional's career. To obtain Recertification status, CAPPMs must meet the following requirements:

RECERTIFICATION REQUIREMENTS:

To qualify for recertification, credentials must be obtained within six months of CAPPM expiration.

- I. **Current employment** in one or more areas of medical practice management. You must include with this application an **employment letter, denoting your position and dates of employment (signed by employer)** and a **resume** of qualifying experience.
- II. Three full years as a **Certified Administrator in Physician Practice Management (CAPPM)**.
- III. Full completion of this **Official Recertification Application** and **ALL** supporting documentation.
- IV. **Over the past three years a total of 21 units calculated as:**
 - one unit for each quarter year full-time experience (up to 12 total units),
 - one unit for each six hours of approved Continuing Education Units (no limit of units)
 - if you do not have 21 units, one unit for professional contributions, awards and professional designations (up to two units each)
- V. Continued Membership in The Academy of Medical Management

If you do not meet the above 21 units of experience and educational requirements, successful completion of the current CAPPM Examination will qualify you.

RECERTIFICATION REQUIREMENTS:

To obtain the total of 21 required units **your options include:**

1. **Medical Practice Management Experience Units:** Over the past three years, **ONE UNIT FOR EACH QUARTER YEAR**, full-time equivalent (up to 12 total units).
2. **Continuing Education Units:** Over the past THREE years, **ONE UNIT FOR EACH SIX HOURS** of instruction (no limit on the number of units). For this requirement, The American Academy will consider verifiable education from various associations and institutions of higher learning. **HOWEVER, COLLEGE COURSES ARE NO MORE THAN ONE UNIT PER ACCEPTED CLASS.**

If the applicant does not yet have 21 units, the following may also be applied:

- A. **Professional Contributions:** Earned in Practice Management or other directly related areas of the business of medicine, over the past three years, one unit for each hour taught or each page published (up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A COPY OF THE ARTICLE AS WELL A COPY OF THE PERIODICAL'S COVER.**
- B. **Awards, Professional Designations, or related Credentials:** Earned in Practice Management or other directly related areas of the business of medicine, over the past three years (up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A CERTIFICATE OR LETTER FROM THE ORGANIZATION, WHICH GRANTED THE AWARD OR CREDENTIAL.**
- C. **Association Membership:** Over the past three years (one unit per full-year membership, up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A COPY OF YOUR MEMBERSHIP CARD, OR LETTER DENOTING YEAR(S) OF MEMBERSHIP.**

Please Note: If you do not meet the above 21 units of experience and educational requirements, successful completion of the current CAPPM Examination will qualify you.

CURRENT EXAMINATION TOPICS INCLUDE from the perspective of the Practice Administrator:

Operations, Financial Management, Personnel, Managed Care, Patient Management and Systems, Medical Records, Billing and Receivables, Compliance, and other related areas.

FEES:

CAPPM Recertification Application: \$170 members (non members are not eligible) (non refundable)
Optional Study Guide (if taking the examination): \$89 members

Please make a copy for your records.

CAPPM Recertification Application Information

Attach information as requested.

Name: _____

(As you wish it to appear on your CAPPM Certificate should you meet eligibility requirements)

Title: _____

Organization: _____

Address: _____

(Note: If taking the examination, your score will be sent to the address you provide.)

City: _____ State: _____ Zip: _____

Telephone: _(_____)_____ Fax: _(_____)_____

E-Mail Address: _____ Website: _____

CURRENT EMPLOYMENT

Over the past three years, **ONE UNIT FOR EACH QUARTER YEAR**, full-time equivalent (up to 12 total units).

To verify this information, please forward a letter from each employer (denoting your position and dates of employment) going back three or more years.

1. Current Title/Responsibility: _____

Job Description: _____

Organization: _____

Address: _____

Employment: From ___/___ to ___/___ Total Years _____

2. Current Title/Responsibility: _____

Job Description: _____

Organization: _____

Address: _____

Employment: From ___/___ to ___/___ Total Years _____

CONTINUING EDUCATION INFORMATION (Going back no more than three years.)

For each AAMM program, attach a copy of BOTH SIDES of the Continuing Education Units form. Should your Continuing Education not be through AAMM, you must attach documentation showing your attendance. The documentation MUST BE signed and dated and denote the topics, number of contact hours/CEU units awarded. You may apply for the CAPPM credential without having completed all the required number of hours, however your application and potential recertification expires 6 months from the date of application.

PLEASE NOTE: CEU UNITS: Over the past THREE years, ONE UNIT FOR EACH SIX HOURS of instruction (no limit on the number of units). For this requirement, The American Academy will consider verifiable education from various associations and institutions of higher learning. **HOWEVER, COLLEGE COURSES ARE NO MORE THAN ONE UNIT PER ACCEPTED CLASS.**

1. Name of Program: _____

Date: _____

Location: _____ Contact Hours: _____

2. Name of Program: _____

Date: _____

Location: _____ Contact Hours: _____

3. Name of Program: _____

Date: _____

Location: _____ Contact Hours: _____

4. Name of Program: _____

Date: _____

Location: _____ Contact Hours: _____

5. Name of Program: _____

Date: _____

Location: _____ Contact Hours: _____

6. Name of Program: _____

Date: _____

Location: _____ Contact Hours: _____

If you do not have 21 units, the following may apply:

AWARDS AND PROFESSIONAL DESIGNATIONS

Up to two total units, one for each qualifying award and professional designation. During the past three years, any individual awards recognizing your practice management expertise or professional designations, such as a certification or related fellowship credentials.

Please provide complete information on the name, purpose, sponsoring organization, date, qualifications and any other data relevant to the award/recognition that you have earned. **PLEASE ATTACH SUPPORTING DOCUMENTATION – COPY OF AWARD OR LETTER OF ACHIEVEMENT.**

Professional Contributions: Earned in Practice Management or other directly related areas of the business of medicine, over the past three years, one unit for each hour taught or each page published (up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A COPY OF THE SEMINAR/CLASS BROCHURE, OR THE ARTICLE AS WELL A COPY OF THE PERIODICAL'S COVER.**

Awards, Professional Designations, or related Credentials: Earned in Practice Management or other directly related areas of the business of medicine, over the past three years (up to two total units). **YOU MUST PROVIDE DOCUMENTATION IN THE FORM OF A CERTIFICATE OR LETTER FROM THE ORGANIZATION, WHICH GRANTED THE AWARD OR CREDENTIAL.**

1. _____

DATE RECEIVED: _____

2. _____

DATE RECEIVED: _____

3. _____

DATE RECEIVED: _____

Mail, scan/e-mail or fax completed and signed application with all supporting documentation and non-refundable application fee (\$170 if not taking exam, \$259 if taking exam). Make sure you keep a copy for your records. Application must be dated and signed.

The American Academy of Medical Management

Credentialing Department – Attention: Linda Hailey

560 West Crossville Road, Suite 104

Roswell, GA (Atlanta) 30075

Phone: (770) 649-7150

Fax: (770) 649-7552

E-Mail: LHailey@AAMMWeb.com

www.AAMMWeb.com

PLEASE KEEP A COPY OF APPLICATION AND ALL DOCUMENTATION FOR YOUR

FEES:

Application for the Recertification Application:

\$170 members (non-members are not eligible)

If Taking Examination

Optional Study Session:

Currently no charge (we anticipate a charge in the future to fund faculty travel and handouts)

Study Guide & Examination:

\$259 members

Please make a copy for your records.

AAMM SEMINARS THAT APPLY TO THE CAPPM CREDENTIALS

- Practice Management Intensive Training
- HIPAA Intensive Training
- Practice Management Boot Camp
- Financially Managing the Practice for Maximum Profits
- Physician Salaries, Compensation and Productivity
- Negotiating Managed Care Contracts & How to Get Paid
- Physician Recruitment and Retention Intensive Training
- Improving Your Hospital's Physician Relations
- Academic Practice Management
- Risk Management – Operationally and Financially
- New Practice Start-Up and Development

- Electronic Medical Records
- Revenue Stream Management: Improving Your Billing and Receivables

Note: AAMM has offered numerous other seminars that may also be acceptable, as well as In-House/On-Site seminars.



The American Academy of Medical Management

560 West Crossville Rd.

Suite 104

Roswell, GA (Atlanta) 30075

Phone (770) 649-7150

Fax (770) 649-7552

www.AAMMWeb.com