



Operational Policies and Procedures

Attachment A-I

Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group Application

Study Group: Fall

Certification Exam: ___ CPCS and/or ___ CPMSM

Criteria for Participation in Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group:

1. Meets the NAMSS eligibility route for the CPMSM and/or CPCS examination;
2. Made formal application to NAMSS to take the examination (**deadline August 27**);
3. Completion of Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application;
4. Assessment fee \$75 for GAMSS members or \$75 non-members (which includes a GAMSS membership fee). For non-members, GAMSS membership application to be completed and submitted along with Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application

Applicant Name: _____

Institution: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I attest that I have been employed for _____ months, _____ years as a Medical Staff Services/ Credentialing Services professional. I attest that the information provided by me on this application is accurate. I further attest that I will not disseminate, electronically or in hard copy, any materials presented to me during my participation in the Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group, and that I will obey all copyright laws applicable to the NAMSS certification preparation materials used in this Study Group. I recognize that participation in the Study Group does not guarantee passing of the NAMSS certification examination(s).

Applicant's Signature: _____ Date Signed: _____

Email or fax this form to the GAMSS Certification Chair:

Caroline Strickland, MBA-HCA, CPCS, CPMSM, FMSP, Senior Director of CORE
Jackson and Coker Locum Tenens, Phone: 678-690-2785; FAX: 877-264-6105 Email Address:
cstrickland@jacksonandcoker.com

Please mail checks along with a copy of this form to the GAMSS Treasurer:

Joy Smith, CPCS, CPMSM, PO Box 4413, Valdosta, GA 31604

*This form must be received by the Certification Chair no later than August 13. Confirmation of application receipt will be provided once the application and payment have been received.