



## Operational Policies and Procedures

Attachment A-I

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

Study Group: Summer

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 April 27**);
3. Completion of Susan Manion-Galloway, RT, CPMSM, CPCS, BBA Certification Prep Study Group application;
4. Assessment fee of \$75 for GAMSS members or \$125 non-members (which includes a GAMSS membership fee). **Special Prices with paid spring conference registration - \$50 members and \$100 nonmembers. Summer class will be a one day class held May 23 at Memorial Health, Savannah.** 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: \_\_\_\_\_

#### Mail or fax this form to the GAMSS Certification Chair:

Karen Claxton, CPCS, CPMSM, FMSP, Director, Medical Staff Operations  
Meadows Regional Medical Center Inc, PO Box 1048, Vidalia GA 30475  
Phone: 912-535-5894; FAX: 912-535-5457 Email Address: [kclaxton@meadowsregional.org](mailto:kclaxton@meadowsregional.org)

\*This form must be received by the Certification Chair no later than **May 1**. Confirmation of application receipt will be provided once the application and payment have been received.